

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 MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonment					
Latitude / Longitude (see instructions) _____ N _____ W			Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 190605				
1/4 1/4 SW 1/4 NE		Section 3		Township 36 N		Range 17 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # MW-1			
Well Street Address						Original Well Owner					
Well City, Village or Town						Present Well Owner					
Well ZIP Code						Mailing Address of Present Owner					
Subdivision Name						Lot #		City of Present Owner		State	ZIP Code

Reason for Removal from Service: **Abandonment**

WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
11/11/1993

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.) Casing Diameter (in.)

34.8 **2"**

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

2" **3 to 34.8**

Was well annular space grouted? Yes No Unknown

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

_____ **28.5**

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	34.8	2 Bags	

6. Comments

PVC casing cut off ~30" below ground surface

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy)		Date Received		Noted By	
Subsurface Exploration Services, LLC				7-16-2019					

Street or Route			Telephone Number			Comments		
849 E Frontage Road			(920) 544-4228					

City		State		ZIP Code		Signature of Person Doing Work		Date Signed	
Little Suamico		WI		54141		<i>[Signature]</i>		7-18-2019	

Facility/Project Name AMERICAN GRAPHICS	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-1
Facility License, Permit or Monitoring Number _____	Grid Origin Location Lat. 45 37 39 Long. 88 21 32 or _____	Wis. Unique Well Number _____ DNR Well Number _____
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed 11/11/93 m m d d y y
Distance Well Is From Waste/Source Boundary 75 ft.	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 3, T. 36 N, R. 17 <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: (Person's Name and Firm) M. MUEUER
Is Well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	WTD

A. Protective pipe, top elevation 1414.71 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1414.40 ft. MSL	2. Protective cover pipe: a. Inside diameter: 9.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1414.7 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. 5.63 Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. UNICOR FINE SILICA #100 b. Volume added .625 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name and mesh size a. AMERICAN FLINT #30 b. Volume added 3.75 ft ³
17. Source of water (attach analysis): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top 1395.4 ft. MSL or 19.0 ft.	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top 1393.4 ft. MSL or 21.0 ft.	b. Manufacturer HYDROPHYLIC c. Slot size: 0.010 in. d. Slotted length: 9.5 ft.
G. Filter pack, top 1391.4 ft. MSL or 23.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top 1389.4 ft. MSL or 25.0 ft.	
I. Well bottom 1379.4 ft. MSL or 35.0 ft.	
J. Filter pack, bottom 1379.4 ft. MSL or 35.0 ft.	
K. Borehole, bottom 1379.4 ft. MSL or 35.0 ft.	
L. Borehole, diameter 8.0 in.	
M. O.D. well casing 2.38 in.	
N. I.D. well casing 2.07 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature **Thomas J. Meyer** Firm **REMEDIAL ENGINEERING, INC.**

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonment	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 190605	
1/4 1/4 SW NE		Section 3		Township 36 N		License/Permit/Monitoring # MW-2	
or Gov't Lot #		Range 17		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address				Present Well Owner			
Well City, Village or Town				Well ZIP Code			
Mailing Address of Present Owner				City of Present Owner			
Subdivision Name				Lot #		State	
Reason for Removal from Service Abandonment				WI Unique Well # of Replacement Well			

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 11/19/1993		<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		Construction Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		<input type="checkbox"/> Other (specify): _____		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 37		Casing Diameter (in.) 2"		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2"		Casing Depth (ft.) 3' to 37		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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) 30.4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)? —		Required Method of Placing Sealing Material		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		Sealing Materials		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		For Monitoring Wells and Monitoring Well Boreholes Only:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

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	37	3 Bags	

6. Comments
PVC casing cut off ~30" below ground surface

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-16-2019	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7-18-2019	

Facility/Project Name AMERICAN GRAPHICS	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-2
Facility License, Permit or Monitoring Number _____	Grid Origin Location Lat. 45 37 39 Long. 88 21 32 or _____	Wis. Unique Well Number _____ DNR Well Number _____
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed 11/19/93 m m d d y y
Distance Well Is From Waste/Source Boundary 20 ft.	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 3, T. 36 N, R. 17 W.	Well Installed By: (Person's Name and Firm) R.R. WTD
Is Well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation 1417.01 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1416.67 ft. MSL	2. Protective cover pipe: a. Inside diameter: 9.0 in. b. Length: 1.0 ft. c. Material: _____ Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1417.0 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.	3. Surface seal: _____ Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. 6.56 Ft ³ volume added for any of the above f. How installed: _____ Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. UNICORP SILICA #100 b. Volume added .625 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name and mesh size a. AMERICAN FLINT #30 b. Volume added 3.75 ft ³
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis): _____	10. Screen material: PVC a. Screen type: _____ Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top 1395.0 ft. MSL or 22.0 ft.	b. Manufacturer HYDROPHILIC c. Slot size: _____ 0.010 in. d. Slotted length: 9.5 ft.
F. Fine sand, top 1393.0 ft. MSL or 24.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top 1391.0 ft. MSL or 26.0 ft.	
H. Screen joint, top 1389.0 ft. MSL or 28.0 ft.	
I. Well bottom 1379.0 ft. MSL or 38.0 ft.	
J. Filter pack, bottom 1377.0 ft. MSL or 40.0 ft.	
K. Borehole, bottom 1377.0 ft. MSL or 40.0 ft.	
L. Borehole, diameter 8.0 in.	
M. O.D. well casing 2.38 in.	
N. I.D. well casing 2.07 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature **Thomas J. Mergo** Firm **REMEDIATION ENGINEERING, INC**

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County: MARINETTE WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002 OTH001
 1/4 1/4 SW 1/4 NE Section: 3 Township: 36 N Range: 17 E W
 or Gov't Lot #: _____
 Well Street Address: _____
 Well City, Village or Town: _____ Well ZIP Code: _____
 Subdivision Name: _____ Lot #: _____

Facility Name: Goodman Well Abandonment
 Facility ID (FID or PWS): 190605
 License/Permit/Monitoring #: MW-3
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: _____
 City of Present Owner: _____ State: _____ ZIP Code: _____

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 11/22/1993
 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.): 35' Casing Diameter (in.): 2"
 Lower Drillhole Diameter (in.): 2" Casing Depth (ft.): 3' + 35'
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? _____ Depth to Water (feet): 27.9

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	<u>35'</u>	<u>2.5 Bags</u>	

6. Comments

PVC casing cut off ~30" below ground surface

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
Subsurface Exploration Services, LLC		<u>7-16-2019</u>			
Street or Route	Telephone Number		Comments		
849 E Frontage Road	(920) 544-4228				
City	State	ZIP Code	Signature of Person Doing Work		Date Signed
Little Suamico	WI	54141	<u>[Signature]</u>		<u>7-18-2019</u>

Facility/Project Name AMERICAN GRAPHICS	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-3
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. 45 37 39 Long. 88 21 32 or	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed <u>11</u> / <u>22</u> / <u>93</u> m m d d y y
Distance Well Is From Waste/Source Boundary ft.	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 3, T. 36 N, R. 17 E W.	Well Installed By: (Person's Name and Firm) P.R. WTD
Is Well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation <u>1413.17</u> ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <u>1412.74</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>9.0</u> in. b. Length: <u>1.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation <u>1413.2</u> ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>1.0</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. <u>5.63</u> Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. <u>UNICORD SILICA #100</u> b. Volume added <u>.625</u> ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name and mesh size a. <u>AMERICAN FLINT #30</u> b. Volume added <u>3.91</u> ft ³
17. Source of water (attach analysis): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top <u>1394.2</u> ft. MSL or <u>19.0</u> ft.	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top <u>1392.2</u> ft. MSL or <u>21.0</u> ft.	b. Manufacturer <u>HYDROPHILIC</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>9.5</u> ft.
G. Filter pack, top <u>1390.2</u> ft. MSL or <u>23.0</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top <u>1388.2</u> ft. MSL or <u>25.0</u> ft.	
I. Well bottom <u>1378.2</u> ft. MSL or <u>35.0</u> ft.	
J. Filter pack, bottom <u>1377.7</u> ft. MSL or <u>35.5</u> ft.	
K. Borehole, bottom <u>1377.7</u> ft. MSL or <u>35.5</u> ft.	
L. Borehole, diameter <u>8.0</u> in.	
M. O.D. well casing <u>2.38</u> in.	
N. I.D. well casing <u>2.07</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature Thomas J. Mergz Firm REMEDIAL ENGINEERING, INC

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonment	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 190605	
1/4 1/4 SE 1/4 NW		Section 3		Township 36 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
or Gov't Lot #		Original Well Owner		License/Permit/Monitoring # MW-101			
Well Street Address				Present Well Owner			
Well City, Village or Town				Mailing Address of Present Owner			
Well ZIP Code				City of Present Owner		State ZIP Code	
Subdivision Name				Lot #			

Reason for Removal from Service
Abandonment

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
07/15/1996

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.) Casing Diameter (in.)

54.5 **2'**

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

2' **3' to 54.5**

Was well annular space grouted? Yes No Unknown

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

— **40.5**

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	54.5	3 Bags	

6. Comments

Removed 2 bunker post also. PVC casing cut off ~ 30" below ground surface.

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
Subsurface Exploration Services, LLC		7-16-2019			
Street or Route	Telephone Number	Comments			
849 E Frontage Road	(920) 544-4228				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
Little Suamico	WI	54141	<i>[Signature]</i>	7/18/2019	

Facility/Project Name FORMER American Graphics	Local Grid Location or Well 2496.76 ft. <input type="checkbox"/> N. <input type="checkbox"/> S. 5187.12 ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-101
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. " " Long. " " or	Wis. Unique Well Number: " " Well Number: " "
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed 10/15/96
Distance Well Is From Waste/Source Boundary UNKNOWN ft.	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 3 T. 36 N. R. 17 <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: (Person's Name and Firm) Mike Nelson Boart Longyear
Is Well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input checked="" type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation 1431.53 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1431.69 ft. MSL	2. Protective cover pipe: a. Inside diameter: 4.0 in. b. Length: 7.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1429.24 ft. MSL	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: (2) 3" Bumper Posts
D. Surface seal, bottom 1428.24 ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Native Other <input checked="" type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Annular space seal <input type="checkbox"/> #30 American Material Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Sonic Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input checked="" type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe N/A	7. Fine sand material: Manufacturer, product name and mesh size a. #70 Badger
17. Source of water (attach analysis): GOODMAN MUNICIPAL WATER	b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or _____ ft.	8. Filter pack material: Manufacturer, product name and mesh size a. #30 American Material
F. Fine sand, top 1395.24 ft. MSL or 34.0 ft.	b. Volume added _____ ft ³
G. Filter pack, top 1393.24 ft. MSL or 36.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
H. Screen joint, top 1391.24 ft. MSL or 38.0 ft.	10. Screen material: PVC
I. Well bottom 1376.24 ft. MSL or 54.0 ft.	a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
J. Filter pack, bottom 1375.24 ft. MSL or 55.0 ft.	b. Manufacturer Boart Longyear
K. Borehole, bottom 1375.24 ft. MSL or 55.0 ft.	c. Slot size: 0.010 in.
L. Borehole, diameter 6 in.	d. Slotted length: 15.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature _____ Firm **Boart Longyear** 101 Alderson Street
Tel: (715) 359-7090 Fax: (715) 355-5715

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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 MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonment			
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 190605			
1/4 1/4 SE 1/4 NW		Section 3		Township 36 N		Range 17		License/Permit/Monitoring # MW-103	
or Gov't Lot #						<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address						Present Well Owner			
Well City, Village or Town						Mailing Address of Present Owner			
Well ZIP Code						City of Present Owner			
Subdivision Name						State		ZIP Code	
Lot #									

Reason for Removal from Service
Abandonment

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
07/15/1996

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.)
15.8

Casing Diameter (in.)
2"

Lower Drillhole Diameter (in.)
2"

Casing Depth (ft.)
3 to 15.8

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
10.7

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	15.8	1 bag	

6. Comments
PVC casing cut off ~ 30" below ground surface.

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-16-2019	DNR Use Only	
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Date Received	Noted By
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7-18-2019	

Facility/Project Name Former American Graphics	Local Grid Location of Well 2873.17 ft. N. 5425.23 ft. E.	Well Name MW-103
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.	Wis. Unique Well Number: _____ DNR Well Number: _____
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 3 T.36 N. R. 17	Date Well Installed 07/15/96
Distance Well Is From Waste/Source Boundary UNKNOWN ft.	Location or Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) Bryan Loveland Boart Longyear
Is Well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation 1396.89 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1396.57 ft. MSL	2. Protective cover pipe: a. Inside diameter: 9.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1396.89 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom 1395.89 ft. MSL or 1.0 ft.	3. Surface seal: Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe N/A	7. Fine sand material: Manufacturer, product name and mesh size a. #70 Badger b. Volume added _____ ft ³
17. Source of water (attach analysis): N/A	8. Filter pack material: Manufacturer, product name and mesh size a. #30 American Material b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top 1390.89 ft. MSL or 6.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top 1390.39 ft. MSL or 6.5 ft.	b. Manufacturer Boart Longyear c. Slot size: 0.010 in. d. Slotted length: 10.0 ft.
H. Screen joint, top 1389.89 ft. MSL or 7.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
I. Well bottom 1379.89 ft. MSL or 17.0 ft.	
J. Filter pack, bottom 1378.89 ft. MSL or 18.0 ft.	
K. Borehole, bottom 1378.89 ft. MSL or 18.0 ft.	
L. Borehole, diameter 8.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *[Signature]* Firm **Boart Longyear** Tel: (715) 359-7090
101 Alderson Street Fax: (715) 355-5715

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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 <i>MARINETTE</i>		WI Unique Well # of Removed Well		Hicap #		Facility Name <i>Goodman Well Abandonment</i>	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <i>190605</i>	
1/4 1/4 <i>SE</i> 1/4 <i>NW</i>		Section <i>3</i>		Township <i>36 N</i>		Range <input checked="" type="checkbox"/> <i>E</i> 17 <input type="checkbox"/> <i>W</i>	
or Gov't Lot #		Well Street Address		Present Well Owner		License/Permit/Monitoring # <i>MW-104</i>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner		City of Present Owner	
Subdivision Name		Lot #		State		ZIP Code	

Reason for Removal from Service: *Abandonment* WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <i>07/17/1996</i>	
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.) <i>22.3</i>	
Lower Drillhole Diameter (in.) <i>2"</i>		Casing Diameter (in.) <i>2"</i>	
Casing Depth (ft.) <i>3 to 22.3</i>		Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <i>—</i>		Depth to Water (feet) <i>15.6</i>	

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 type="checkbox"/> No	<input checked="" 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

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
<i>Surface</i>	<i>22.3</i>	<i>2</i> <i>845</i>	

6. Comments

3 Bender Posts removed also. PVC casing cut off ~30" below ground surface

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>7-16-2019</i>	DNR Use Only	
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228	Date Received	Noted By	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>7-18-2019</i>	

State of Wisconsin
Department of Natural Resources
Facility/Project Name
FORMER Amer
Facility License, Per

to: Solid Waste Haz. Waste Wastewater
Maintenance & Repair Underground Tanks Other

MONITORING WELL CONSTRUCTION
Form 4400-113A
Rev. 4-90

Type or Well **W-06**
Distance Well to
Is Well A P

Local Grid Location of Well
2427.83 ft. N. S. **5686.13** ft. E. W.

Well Name
MW-104

A. Protection
B. Well
C. **9.0** in.
D. **1.0** ft.

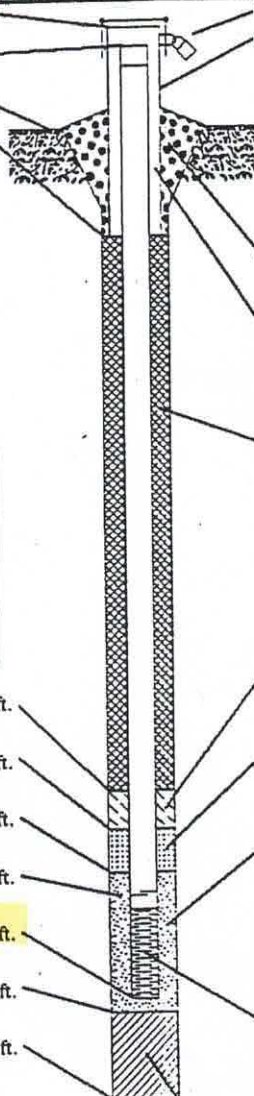
Section Location of Waste/Source
SE 1/4 of NW 1/4 of Sec. 3 T. 36 N. R. 17

Date Well Installed
07/17/96

Location of Well Relative to Waste/Source
 Upgradient Sidegradient
 Downgradient Not Known

Well Installed By: (Person's Name and Firm)
Bryan Loveland
Boart Longyear

Classification of soil near screen:
 GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock
 13. Sieve analysis attached? Yes No
 14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other
 15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99
 16. Drilling additives used? Yes No
 Describe N/A
 17. Source of water (attach analysis):
N/A



E. Bentonite seal, top _____ ft. MSL or _____ ft.
 F. Fine sand, top **1393.50** ft. MSL or **11.0** ft.
 G. Filter pack, top **1391.50** ft. MSL or **13.0** ft.
 H. Screen joint, top **1389.50** ft. MSL or **15.0** ft.
 I. Well bottom **1379.50** ft. MSL or **25.0** ft.
 J. Filter pack, bottom **1378.50** ft. MSL or **26.0** ft.
 K. Borehole, bottom **1378.50** ft. MSL or **26.0** ft.
 L. Borehole, diameter **8.0** in.
 M. O.D. well casing **2.37** in.
 N. I.D. well casing **2.06** in.

1. Cap and lock? Yes No
 2. Protective cover pipe:
 a. Inside diameter: **4.0** in.
 b. Length: **7.0** ft.
 c. Material: Steel 04
 Other
 d. Additional protection? Yes No
 If yes, describe: **(3) 3" Bumper Posts**
 3. Surface seal: Bentonite 30
 Concrete 01
 Other
 4. Material between well casing and protective pipe:
 Bentonite 30
 Annular space seal
 Other
 5. Annular space seal:
 a. Granular Bentonite 33
 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 d. _____ % Bentonite . . . Bentonite-cement grout 01
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
 6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
 c. _____ Other
 7. Fine sand material: Manufacturer, product name and mesh size
 a. **#70 Badger**
 b. Volume added _____ ft³
 8. Filter pack material: Manufacturer, product name and mesh size
 a. **#30 American Material**
 b. Volume added _____ ft³
 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
 10. Screen material: **PVC**
 a. Screen Type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer **Boart Longyear**
 c. Slot size: **0.010** in.
 d. Slotted length: **10.0** ft.
 11. Backfill material (below filter pack): None 14
 Other

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

Signature *[Signature]*

Firm **Boart Longyear**
101 Alderson Street

Tel: (715) 355-9000
Fax: (715) 355-5715

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County <i>MARINETTE</i>		WI Unique Well # of Removed Well	Hicap #	Facility Name <i>Goodman Well Abandonment</i>	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <i>190605</i>	
1/4 1/4 <i>SE</i> 1/4 <i>NW</i>		Section <i>3</i>	Township <i>36 N</i>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <i>MW-105</i>
or Gov't Lot #		Well Street Address		Original Well Owner	
Well City, Village or Town		Well ZIP Code		Present Well Owner	
Subdivision Name		Lot #		Mailing Address of Present Owner	
Reason for Removal from Service <i>Abandonment</i>		WI Unique Well # of Replacement Well		City of Present Owner	
				State	
				ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>07/24/1996</i>	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction Type:		Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Casing left in place?		
<input type="checkbox"/> Other (specify): _____			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> 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.) <i>12.7</i>	Casing Diameter (in.) <i>2"</i>	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <i>2"</i>	Casing Depth (ft.) <i>3 to 12.7</i>	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was well annular space grouted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	If bentonite chips were used, were they hydrated with water from a known safe source?	
If yes, to what depth (feet)? <i>—</i>	Depth to Water (feet) <i>4.4</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
5. Material Used to Fill Well / Drillhole		Required Method of Placing Sealing Material			
<i>3/8 Bentonite Chips</i>		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
		Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
		Surface	<i>12.7</i>	<i>1 Bag</i>	

6. Comments

PVC casing cut off ~30" below ground surface.

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>7-16-2019</i>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>Dylan G. Morte</i>	Date Signed <i>7-18-2019</i>	

Facility/Project Name FORMER American Graphics	Local Grid Location of Well 2761.72 ft. <input type="checkbox"/> N. <input type="checkbox"/> S. 5746.32 ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-105
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. E.	Wis. Ground Water Well Number: DNR Well Number: _____
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 3, T. 36 N. R. 17 W.	Date Well Installed 07/24/96
Distance Well Is From Waste/Source Boundary UNKNOWN ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) Mike Nelson Boart Longyear
Is Well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation 1386.21 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1385.87 ft. MSL	2. Protective cover pipe: a. Inside diameter: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1386.21 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom 1385.21 ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Sonic Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input checked="" type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name and mesh size a. #70 Badger b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe N/A	8. Filter pack material: Manufacturer, product name and mesh size a. #30 American Material b. Volume added _____ ft ³
17. Source of water (attach analysis): GOODMAN MUNICIPAL WATER	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top 1383.21 ft. MSL or 3.0 ft.	b. Manufacturer Boart Longyear c. Slot size: 0.010 in. d. Slotted length: 10.0 ft.
G. Filter pack, top 1382.71 ft. MSL or 3.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top 1382.21 ft. MSL or 4.0 ft.	
I. Well bottom 1372.21 ft. MSL or 14.0 ft.	
J. Filter pack, bottom 1372.21 ft. MSL or 15.0 ft.	
K. Borehole, bottom 1371.21 ft. MSL or 15.0 ft.	
L. Borehole, diameter 6 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *[Signature]* Firm **Boart Longyear** 101 Alderson Street Tel: (715) 359-7090
Fax: (715) 355-5715

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonment			
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 190605			
1/4 1/4 SW 1/4 NE		Section 3		Township 36 N		Range 17		License/Permit/Monitoring # MW-106	
or Gov't Lot #						<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address						Present Well Owner			
Well City, Village or Town						Mailing Address of Present Owner			
Well ZIP Code						City of Present Owner			
Subdivision Name						State		ZIP Code	
Lot #									

Reason for Removal from Service
Abandonment

WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
07/25/1996

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.) 8.9	Casing Diameter (in.) 2'	4. Pump, Liner, Screen, Casing & Sealing Material	
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) 3 to 8.9	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, to what depth (feet)? —	Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Depth to Water (feet) 2.1		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 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 checked="" type="checkbox"/> N/A
		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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

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	8.9	1 bag	

6. Comments
PVC casing cut off ~30" below ground surface.

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-16-2019	Date Received	Noted By
Street or Route 849 E Frontage Road	Telephone Number (920) 544-4228	Comments		
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>Dylan J. Martin</i>	Date Signed 7-18-2019

Facility/Project Name FORMER American Graphics	Local Grid Location of Well 2854.57 ft. <input checked="" type="checkbox"/> N. <input type="checkbox"/> S. 6492.04 ft. <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-106
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or _____	Wis. Unique Well Number - DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed 07/25/96
Distance Well is From Waste/Source Boundary UNKNOWN ft.	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 3 T. 36 N. R. 17 <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: (Person's Name and Firm) Mike Nelson Boart Longyear
Is Well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation 1381.81 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1381.39 ft. MSL	2. Protective cover pipe: a. Inside diameter: 8.0 in. b. Length: 1.0 ft. c. Material: _____ Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation 1381.68 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom 1380.68 ft. MSL or 1.0 ft.	3. Surface seal: _____ Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> e. _____ Ft ³ volume added for any of the above f. How installed: _____ Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: _____ Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Sonic Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input checked="" type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name and mesh size a. _____ #70 Badger b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe N/A	8. Filter pack material: Manufacturer, product name and mesh size a. _____ #30 American Material b. Volume added _____ ft ³
17. Source of water (attach analysis): GOODMAN MUNICIPAL WATER	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: _____ PVC a. Screen Type: _____ Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top 1378.68 ft. MSL or 3.0 ft.	b. Manufacturer Boart Longyear c. Slot size: 0.010 in. d. Slotted length: 10.0 ft.
G. Filter pack, top 1378.18 ft. MSL or 3.5 ft.	11. Backfill material (below filter pack): _____ None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top 1377.68 ft. MSL or 4.0 ft.	
I. Well bottom 1367.68 ft. MSL or 14.0 ft.	
J. Filter pack, bottom 1366.68 ft. MSL or 15.0 ft.	
K. Borehole, bottom 1366.68 ft. MSL or 15.0 ft.	
L. Borehole, diameter 6 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *[Signature]* Firm **Boart Longyear**
101 Alderson Street Tel: (715) 355-5710
Fax: (715) 355-5711

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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 MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonment			
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 190605			
1/4 1/4 SW NE		Section 3		Township 36 N		Range 17 E		License/Permit/Monitoring # MW-109	
or Gov't Lot #								Original Well Owner	
Well Street Address								Present Well Owner	
Well City, Village or Town		Well ZIP Code						Mailing Address of Present Owner	
Subdivision Name		Lot #						City of Present Owner State ZIP Code	

Reason for Removal from Service
Abandonment

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
09/26/1996

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.) Casing Diameter (in.)
14.7 **2"**

Lower Drillhole Diameter (in.) Casing Depth (ft.)
2" **3' to 14.7**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
— **5.8**

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	14.7	1 Bag	

3/8 Bentonite Chips

6. Comments

PVC casing cut off ~ 30" below ground surface.

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-15-2019	Date Received	Noted By	
Street or Route 849 E Frontage Road	Telephone Number (920) 544-4228	Comments			
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/18/2019	

Facility/Project Name FORMER AMERICAN GRAPHICS	Local Grid Location of Well 3173.74 ft. <input checked="" type="checkbox"/> N. 6210.60 ft. <input checked="" type="checkbox"/> E.	Well Name MW-109
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.	Wis. Unique Well Number: _____ DNR Well Number: _____
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 3 T. 36 N. R. 17 <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed 9-26-96
Distance Well Is From Waste/Source Boundary UNKNOWN ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) Mike Nelson Boart Longyear

A. Protective pipe, top elevation 1381.51 ft. MSL

B. Well casing, top elevation 1380.96 ft. MSL

C. Land surface elevation 1381.51 ft. MSL

D. Surface seal, bottom 1380.51 ft. MSL or 1.0 ft.

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

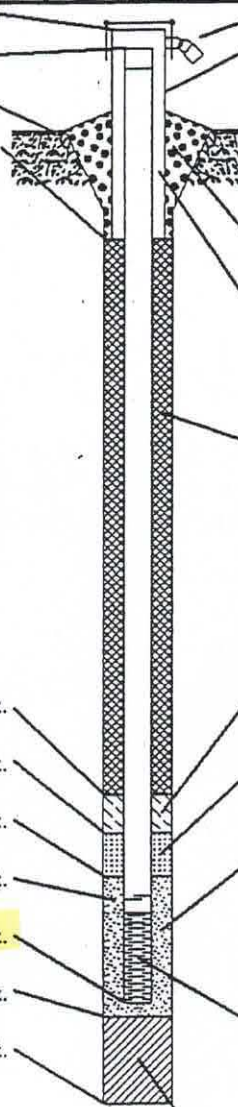
13. Sieve analysis attached? Yes No

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

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

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

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



1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: 8.0 in.
b. Length: 1.0 ft.
c. Material: Steel 04
Other

d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 30
Concrete 01
Other

4. Material between well casing and protective pipe: Bentonite 30
Annular space seal
Other

5. Annular space seal: a. Granular Bentonite 33
b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
d. _____ % Bentonite . . . Bentonite-cement grout 50
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08

6. Bentonite seal: a. Bentonite granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
c. _____ Other

7. Fine sand material: Manufacturer, product name and mesh size
a. #70 Badger
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name and mesh size
a. #30 American Material
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other

10. Screen material: PVC
a. Screen Type: Factory cut 11
Continuous slot 01
Other

b. Manufacturer Boart Longyear
c. Slot size: 0.010 in.
d. Slotted length: 10.0 ft.

11. Backfill material (below filter pack): None 14
Other

E. Bentonite seal, top _____ ft. MSL or _____ ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top 1377.51 ft. MSL or 3.0 ft.

H. Screen joint, top 1376.01 ft. MSL or 4.5 ft.

I. Well bottom 1366.01 ft. MSL or 14.5 ft.

J. Filter pack, bottom 1361.01 ft. MSL or 15.0 ft.

K. Borehole, bottom 1361.01 ft. MSL or 15.0 ft.

L. Borehole, diameter 6. in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

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

Signature [Signature] Firm Boart Longyear 101 Alderson Street
Tel: (715) 359-7090 Fax: (715) 355-5715

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

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 MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonments	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) Job # 190605	
1/4 / 1/4 NE NE		Section 3		Township 36 N		License/Permit/Monitoring # MW-110	
or Gov't Lot #		Range 17		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address				Present Well Owner			
Well City, Village or Town				Well ZIP Code			
Subdivision Name				Lot #			
Reason for Removal from Service Abandonment				WI Unique Well # of Replacement Well			
City of Present Owner				State		ZIP Code	

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) 06/18/1997		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 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
Total Well Depth From Ground Surface (ft.) 14.5		Casing Diameter (in.) 2		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Lower Drillhole Diameter (in.) 2		Casing Depth (ft.) 3' to 14.5		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) 2.7	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8 Bentonite Chips		Surface	14.5	1 Bag	

6. Comments
PVC casing cut off ~30" below ground surface

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-15-2019	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>Dylan J. Mott</i>	Date Signed 7/18/2019	

Facility/Project Name Former American Graphics	Local Grid Location of Well 3355.70 ft. <input type="checkbox"/> N. <input type="checkbox"/> S. 6501.09 ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-110
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. E.	Was/Underground Well Number: _____ DNR Well Number: _____
Type of well: Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 3, T. 36 N. R. 17 <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed 6-18-97
Distance Well is from Waste/Source boundary UNKNOWN ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well installed by: (Person's Name and Firm) Mike Nelson Boart Longyear
Is well A Point of Enforcement Sta. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation 1377.31 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation: 1377.09 ft. MSL	2. Protective cover pipe: a. Inside diameter: 8.0 in. b. Length: 1.0 ft. c. Material: Aluminum Steel <input type="checkbox"/> 0.4 Other <input checked="" type="checkbox"/>
C. Land surface elevation 1377.31 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom 1376.3 ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> SM <input checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input checked="" type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/> OL <input checked="" type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3.0 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Fr ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.3
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input type="checkbox"/> 4.1 Sonic Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pebbles <input type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input checked="" type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input type="checkbox"/> 9.9	7. Fine sand material: Manufacturer, product name and mesh size a. #70 Bader b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name and mesh size a. #30 American Material b. Volume added _____ ft ³
17. Source of water (attach analysis): Town of Goodman	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 30 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
F. Fine sand, top 1373.3 ft. MSL or 4.0 ft.	b. Manufacturer Boart Longyear c. Slot size: 0.010 in. d. Slotted length: 10.0 ft.
G. Filter pack, top 1372.8 ft. MSL or 4.5 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 1.4 Other <input type="checkbox"/>
H. Screen joint, top 1372.3 ft. MSL or 5.0 ft.	
I. Well bottom 1362.3 ft. MSL or 15.0 ft.	
J. Filter pack, bottom 1361.3 ft. MSL or 16.0 ft.	
K. Borehole, bottom 1361.3 ft. MSL or 16.0 ft.	
L. Borehole, diameter 6x4 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *Boart Longyear* Firm **Boart Longyear** 101 Alderson Street
Tel: (715) 359-7000 Fax: (715) 355-5755

Please complete both sides of this form and return to the appropriate DNR office, listed at the top of this form as required by chs. 144, 147 and 190, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where to complete form.

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 MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonment	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 190605	
1/4 1/4 SW 1/4 NE		Section 3		Township 36 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
or Gov't Lot #		Original Well Owner		Present Well Owner		Mailing Address of Present Owner	
Well Street Address		City of Present Owner		State		ZIP Code	
Well City, Village or Town		Well ZIP Code		City of Present Owner		State	
Subdivision Name		Lot #		City of Present Owner		State	

Reason for Removal from Service
Abandonment

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Dgte (mm/dd/yyyy)
06/18/1997

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.) 12.1	Casing Diameter (in.) 2"	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) 3 to 12.1	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 8.8	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
If yes, to what depth (feet)?		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	12.1	1 bag	

6. Comments
PVC casing cut off ~30" below ground surface.

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-16-2019	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/18/2019	

Facility/Project Name Former American Graphics	Local Grid Location of Well 2627.40 ft. <input type="checkbox"/> N. <input checked="" type="checkbox"/> S. 6228.59 ft. <input type="checkbox"/> E. <input checked="" type="checkbox"/> W.	Well Name MW-111
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.	Wis. DNR Well Number _____ DNR Well Number _____
Type of Well Water Table Observation well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 3 T. 36 N. R. 17 <input type="checkbox"/> E. <input checked="" type="checkbox"/> W.	Date Well Installed 6-18-97
Distance Well is From Waste/Source Boundary UNKNOWN ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well installed by: Person's Name and Firm Mike Nelson Boart Longyear
Is well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation 1396.11 ft. MSL Yes No

B. Well casing, top elevation 1386.26 ft. MSL

C. Land surface elevation 1396.11 ft. MSL

D. Surface seal, bottom 1395.1 ft. MSL or 1.0 ft.

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

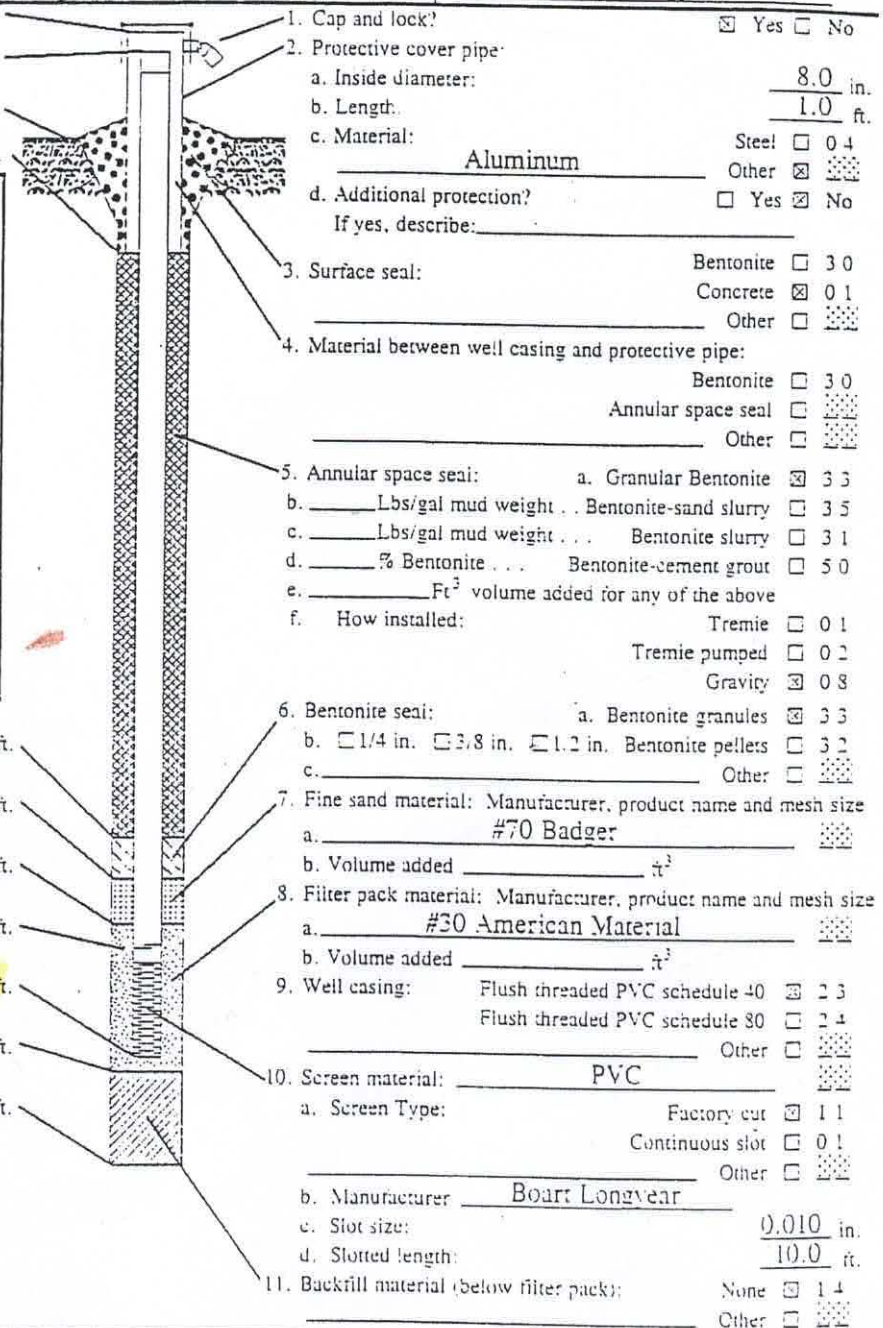
13. Sieve analysis attached? Yes No

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

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

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis):
Town of Goodman



E. Bentonite seal, top _____ ft. MSL or _____ ft.

F. Fine sand, top 1392.1 ft. MSL or 4.0 ft.

G. Filter pack, top 1391.6 ft. MSL or 4.5 ft.

H. Screen joint, top 1391.1 ft. MSL or 5.0 ft.

I. Well bottom 1381.1 ft. MSL or 15.0 ft.

J. Filter pack, bottom 1376.1 ft. MSL or 20.0 ft.

K. Borehole, bottom 1376.1 ft. MSL or 20.0 ft.

L. Borehole, diameter 6x4 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

7. Fine sand material: Manufacturer, product name and mesh size
a. #70 Badger
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name and mesh size
a. #30 American Material
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other

10. Screen material: PVC
a. Screen Type: Factory cut 11
Continuous slot 01
Other

b. Manufacturer Boart Longyear
c. Slot size: 0.010 in.
d. Slotted length: 10.0 ft.

11. Backfill material (below filter pack): None 14
Other

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature [Signature] Firm **Boart Longyear** 101 Alderson Street
Tel: (715) 859-7090 Fax: (715) 855-5745

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 100, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$500 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including when the completed form should be sent.

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County <i>MARINETTE</i>		WI Unique Well # of Removed Well		Hicap #		Facility Name <i>Goodman Well Abandonment</i>	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <i>190605</i>	
1/4 / 1/4 _____		Section		Township N		License/Permit/Monitoring # <i>OW-1</i>	
or Gov't Lot # _____		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner	
Well Street Address				Mailing Address of Present Owner			
Well City, Village or Town				Well ZIP Code			
Subdivision Name				Lot #		City of Present Owner State ZIP Code	

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

Reason for Removal from Service <i>Abandonment</i>		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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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) <i>UNCERTAIN</i>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
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.		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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <i>13'</i>		Casing Diameter (in.) <i>2"</i>		Lower Drillhole Diameter (in.) <i>2"</i>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Casing Depth (ft.) <i>3 to 13</i>		Depth to Water (feet) <i>9.5</i>		From (ft.) To (ft.) No. Yards, Sacks Sealant or Volume (circle one) Mix Ratio or Mud Weight <i>Surface</i> <i>13'</i> <i>1 bag</i>	

5. Material Used to Fill Well / Drillhole

3/8 Bentonite Chips	
---------------------	--

6. Comments

PVC casing cut off ~30" below ground surface.

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

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>7-17-2019</i>		Date Received		Noted By	
Street or Route 849 E Frontage Road				Telephone Number (920) 544-4228		Comments			
City Little Suamico		State WI		ZIP Code 54141		Signature of Person Doing Work <i>Doug J. March</i>		Date Signed <i>7-18-2019</i>	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <i>MARINETTE</i>		WI Unique Well # of Removed Well		Hicap #		Facility Name <i>Goodman well Abandonment</i>	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) <i>190605</i>	
N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # <i>OW-2</i>	
W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002			
1/4 / 1/4		Section		Township		Original Well Owner	
or Gov't Lot #		N		Range		Present Well Owner	
				<input type="checkbox"/> E		Mailing Address of Present Owner	
				<input type="checkbox"/> W		City of Present Owner	
Well Street Address		Well City, Village or Town		Well ZIP Code		State	
Subdivision Name		Lot #		ZIP Code			

Reason for Removal from Service
Abandonment

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Original Construction Date (mm/dd/yyyy) <i>Uncertain</i>		<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		<input checked="" type="checkbox"/> Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> 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			
Construction Type:		Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type:		Sealing Materials			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) <i>21</i>		Casing Diameter (in.) <i>2</i>			
Lower Drillhole Diameter (in.) <i>2"</i>		Casing Depth (ft.) <i>3 to 21</i>			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		For Monitoring Wells and Monitoring Well Boreholes Only:			
If yes, to what depth (feet)? <i>-</i>		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Depth to Water (feet) <i>N/A</i>					

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>3/8 Bentonite Chips</i>		Surface	<i>21</i>	<i>1.5 Bags</i>	

6. Comments
Protector pipe bent. PVC cut off ~36" below ground surface.

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>7-17-2019</i>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>Douglas Mack</i>	Date Signed <i>7-18-2019</i>	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <i>MARINETTE</i>		WI Unique Well # of Removed Well		Hicap #		Facility Name <i>Goodman Well Abandonment</i>	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) <i>190605</i>	
N <input type="checkbox"/> DD		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # <i>OW-3</i>	
W <input type="checkbox"/> DDM		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002			
		<input type="checkbox"/> OTH001					
1/4 / 1/4		Section		Township		Original Well Owner	
or Gov't Lot #				Range <input type="checkbox"/> E		Present Well Owner	
				<input type="checkbox"/> W		Mailing Address of Present Owner	
Well Street Address				City of Present Owner			
Well City, Village or Town				State			
Subdivision Name				ZIP Code			
Lot #							

Reason for Removal from Service <i>Abandonment</i>		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) <i>Uncertain</i>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type:			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Dug	
Formation Type:			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <i>14.9</i>		Casing Diameter (in.) <i>2"</i>	
Lower Drillhole Diameter (in.) <i>2"</i>		Casing Depth (ft.) <i>3 to 14.9</i>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <i>—</i>		Depth to Water (feet) <i>4.9</i>	

4. Pump, Liner, Screen, Casing & Sealing Material			
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 type="checkbox"/> No	<input checked="" 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 type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>Surface</i>	<i>14.9</i>	<i>1 Bag</i>	
<i>3/8 Bentonite Chips</i>			

6. Comments

PVC casing cut off ~ 30" below ground surface

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>2-17-2019</i>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>2/18/2019</i>	

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 MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonment	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 190605	
1/4 1/4 SE 1/4 NW		Section 3		Township 36 N		License/Permit/Monitoring # PZ-101	
or Gov't Lot #		Range 17		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address				Present Well Owner			
Well City, Village or Town				Well ZIP Code			
Mailing Address of Present Owner				City of Present Owner			
Subdivision Name				Lot #		State ZIP Code	

Reason for Removal from Service
Abandonment

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
07/22/1996

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.) 81.9	Casing Diameter (in.) 2"	4. Pump, Liner, Screen, Casing & Sealing Material	
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) 81.9	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 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 type="checkbox"/> No <input checked="" 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	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, to what depth (feet)? 1' to 81.9	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Depth to Water (feet) 27.6	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		
5. Material Used to Fill Well / Drillhole		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	1	1/8 bag	
1	81.9	40 gal	

6. Comments
PVC casing cut off ~30" below ground surface

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-18-2019	DNR Use Only	
Street or Route 849 E Frontage Road	Telephone Number (920) 544-4228	Date Received	Noted By	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	
			Date Signed 7-18-2019	

Facility/Project Name

FORMER American Graphics

Local Grid Location of Well

2668.04 ft. N. 5467.83 ft. E.
 S. W.

Well Name

PZ-101

Facility License, Permit or Monitoring Number

Grid Origin Location

Wis. Unique Well Number: DNR Well Number

Type of Well Water Table Observation Well 11
Piezometer 12

Lat. " Long. " or

Date Well Installed
07/22/96

Distance Well Is From Waste/Source Boundary
UNKNOWN ft.

St. Plane _____ ft. N. _____ ft. E.
Section Location of Waste/Source

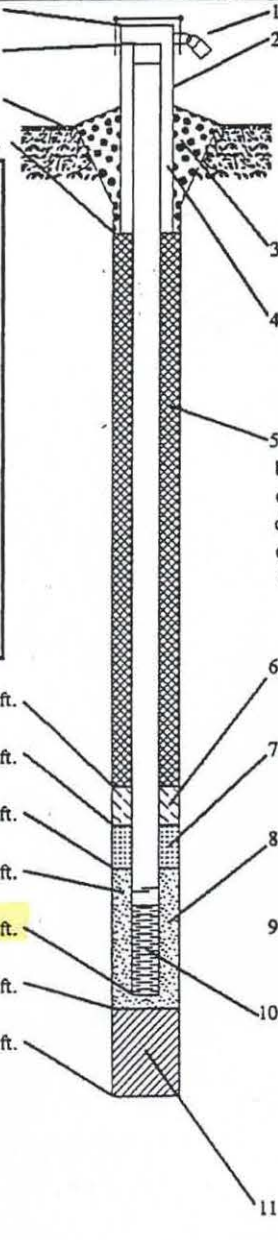
Well Installed By: (Person's Name and Firm)

Is Well A Point of Enforcement Std. Application?
 Yes No

SE 1/4 of NW 1/4 of Sec. 3 T. 36 N. R. 17 E.
 W.

Mike Nelson
Boart Longyear

A. Protective pipe, top elevation 1413.77 ft. MSL
B. Well casing, top elevation 1413.42 ft. MSL
C. Land surface elevation 1413.77 ft. MSL
D. Surface seal, bottom 1412.77 ft. MSL or 1.0 ft.



1. Cap and lock? Yes No
2. Protective cover pipe:
a. Inside diameter: 8.0 in.
b. Length: 1.0 ft.
c. Material: Steel 04
Other
d. Additional protection? Yes No
If yes, describe: _____
3. Surface seal: Bentonite 30
Concrete 01
Other
4. Material between well casing and protective pipe:
Bentonite 30
Annular space seal
Other
5. Annular space seal:
a. Granular Bentonite 33
b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
d. _____ % Bentonite . . . Bentonite-cement grout 01
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
6. Bentonite seal:
a. Bentonite granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
c. _____ Other
7. Fine sand material: Manufacturer, product name and mesh size
a. #70 Badger
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name and mesh size
a. #30 American Material
b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other
10. Screen material: PVC
a. Screen Type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer Boart Longyear
c. Slot size: 0.010 in.
d. Slotted length: 5.0 ft.
11. Backfill material (below filter pack): None 14
Holeplug Other

12. USC classification of soil near screen:
GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock
13. Sieve analysis attached? Yes No
14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Sonic Other
15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99
16. Drilling additives used? Yes No
Describe GRANULAR BENTONITE
17. Source of water (attach analysis):
GOODMAN MUNICIPAL WATER

E. Bentonite seal, top _____ ft. MSL or _____ ft.
F. Fine sand, top 1341.77 ft. MSL or 72.0 ft.
G. Filter pack, top 1339.77 ft. MSL or 74.0 ft.
H. Screen joint, top 1337.77 ft. MSL or 76.0 ft.
I. Well bottom 1332.77 ft. MSL or 81.0 ft.
J. Filter pack, bottom 1330.77 ft. MSL or 83.0 ft.
K. Borehole, bottom 1308.77 ft. MSL or 105.0 ft.
L. Borehole, diameter 6 in.
M. O.D. well casing 2.37 in.
N. I.D. well casing 2.06 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature [Signature] Firm Boart Longyear
101 Alderson Street Tel: (715) 355-2700
Fax: (715) 355-5715

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

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 MARINETTE		WI Unique Well # of Removed Well		Hicap #		Facility Name Goodman Well Abandonment	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 190605	
1/4 1/4 SE 1/4 NW		Section 3		Township 36 N		License/Permit/Monitoring # P2-102	
or Gov't Lot #		Range 17		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address				Present Well Owner			
Well City, Village or Town				Well ZIP Code			
Subdivision Name				Lot #			
Reason for Removal from Service Abandonment				WI Unique Well # of Replacement Well			
Well City, Village or Town				Mailing Address of Present Owner			
Subdivision Name				City of Present Owner		State	ZIP Code

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7-18-2019	
<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.) 60.7		Casing Diameter (in.) 2"	
Lower Drillhole Diameter (in.) 2"		Casing Depth (ft.) 3 to 60.7	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 1 to 60.7		Depth to Water (feet) 3.8	

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 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 type="checkbox"/> No	<input checked="" 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 type="checkbox"/> Conductor Pipe-Gravity		<input checked="" type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	1	1/8 bag	
1	60.7	30 gal	

6. Comments

PVC casing cut off ~30" below ground surface.

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-18-2019	DNR Use Only	
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Date Received	Noted By
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>Doug J. Mast</i>	Date Signed 7-18-2019	

Facility/Project Name FORMER American Graphics	Local Grid Location or Well 2756.80 ft. <input type="checkbox"/> N. <input type="checkbox"/> S. 5746.64 ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name PZ-102
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.	Wis. DNR Well Number: DNR Well Summary
Type or Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input checked="" type="checkbox"/> 12	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 3 T. 36 N. R. 17 <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed 07/24/96
Distance Well Is From Waste/Source Boundary ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) Mike Nelson Boart Longyear
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation <u>1386.28</u> ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <u>1385.91</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>8.0</u> in. b. Length: <u>1.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
C. Land surface elevation <u>1386.28</u> ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom <u>1385.28</u> ft. MSL or <u>1.0</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3.0 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input type="checkbox"/> 4.1 Sonic <input type="checkbox"/> Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8
15. Drilling fluid used: Water <input checked="" type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input type="checkbox"/> 9.9	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe <u>N/A</u>	7. Fine sand material: Manufacturer, product name and mesh size a. <u>#70 Badger</u> b. Volume added _____ ft ³
17. Source of water (attach analysis): <u>GOODMAN MUNICIPAL WATER</u>	8. Filter pack material: Manufacturer, product name and mesh size a. <u>#30 American Material</u> b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
F. Fine sand, top <u>1334.28</u> ft. MSL or <u>52.0</u> ft.	10. Screen material: <u>PVC</u> a. Screen Type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
G. Filter pack, top <u>1332.28</u> ft. MSL or <u>54.0</u> ft.	b. Manufacturer <u>Boart Longyear</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>5.0</u> ft.
H. Screen joint, top <u>1330.28</u> ft. MSL or <u>56.0</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>
I. Well bottom <u>1325.28</u> ft. MSL or <u>61.0</u> ft.	
J. Filter pack, bottom <u>1321.28</u> ft. MSL or <u>65.0</u> ft.	
K. Borehole, bottom <u>1321.28</u> ft. MSL or <u>65.0</u> ft.	
L. Borehole, diameter <u>6</u> in.	
M. O.D. well casing <u>2.37</u> in.	
N. I.D. well casing <u>2.06</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature _____ Firm **Boart Longyear** 101 Alderson Street Tel: (715) 359-7090 Fax: (715) 355-5715

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10. nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County <i>MARINETTE</i>		WI Unique Well # of Removed Well		Hicap #		Facility Name <i>Good Man Well Abandonment</i>			
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <i>190605</i>			
1/4 1/4 <i>SW NE</i>		Section <i>3</i>		Township <i>36 N</i>		Range <i>17</i>		License/Permit/Monitoring # <i>P2-103</i>	
or Gov't Lot #						<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address						Present Well Owner			
Well City, Village or Town						Mailing Address of Present Owner			
Well ZIP Code						City of Present Owner			
Subdivision Name						State		ZIP Code	
Lot #									
Reason for Removal from Service <i>Abandonment</i>		WI Unique Well # of Replacement Well							

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <i>07/25/1996</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth From Ground Surface (ft.) <i>50.3</i>		Casing Diameter (in.) <i>2"</i>		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
Lower Drillhole Diameter (in.) <i>2"</i>		Casing Depth (ft.) <i>3 to 50.3</i>		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted?				Sealing Materials	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
If yes, to what depth (feet)? <i>1 to 50.3'</i>		Depth to Water (feet) <i>7.3</i>		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>3/8 Bentonite Chips</i>	<i>Surface</i>	<i>1</i>	<i>1/8 Bag</i>
<i>Bentonite Grout</i>	<i>1</i>	<i>50.3</i>	<i>25 gal</i>

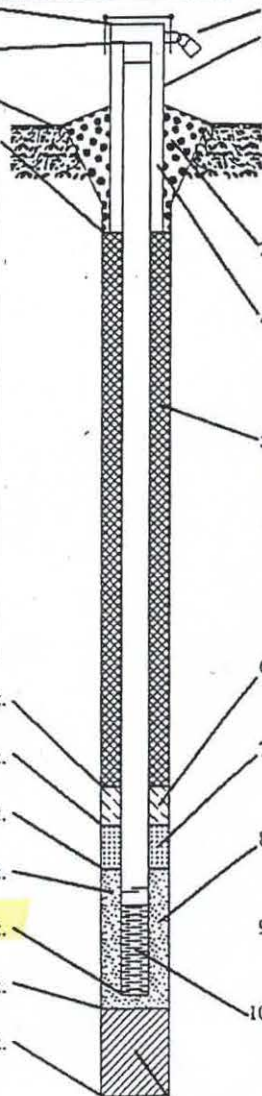
6. Comments

PVC casing cut off ~30" below ground surface

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>7-16-2019</i>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>Daryl J. Mott</i>	Date Signed <i>7-18-2019</i>	

Facility/Project Name FORMER American Graphics	Local Grid Location of Well 2854.25 ft. N. 6487.06 ft. E.	Well Name PZ-103
Facility License, Permit or Monitoring Number	Grid Origin Location	Wis. Unique Well Number: DNR Well Number
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input checked="" type="checkbox"/> 12	Lat. " Long. " or St. Plane ft. N. ft. E.	Date Well Installed 07/25/96
Distance Well Is From Waste/Source Boundary UNKNOWN ft.	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 3 T. 36 N. R. 17	Well Installed By: (Person's Name and Firm) Mike Nelson Boart Longyear
Is Well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation 1381.70 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1381.24 ft. MSL	2. Protective cover pipe: a. Inside diameter: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1381.66 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:
D. Surface seal, bottom 1380.66 ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> e. Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Sonic <input checked="" type="checkbox"/> Hollow Stem Auger <input type="checkbox"/> 41 Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. Other <input type="checkbox"/>
15. Drilling fluid used: Water <input checked="" type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name and mesh size a. #70 Badger b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe N/A	8. Filter pack material: Manufacturer, product name and mesh size a. #30 American Material b. Volume added _____ ft ³
17. Source of water (attach analysis): GOODMAN MUNICIPAL WATER	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top 1340.66 ft. MSL or 41.0 ft.	b. Manufacturer Boart Longyear c. Slot size: 0.010 in. d. Slotted length: 5.0 ft.
G. Filter pack, top 1338.66 ft. MSL or 43.0 ft.	11. Backfill material (below filter pack): Holeplug None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
H. Screen joint, top 1336.66 ft. MSL or 45.0 ft.	
I. Well bottom 1331.66 ft. MSL or 50.0 ft.	
J. Filter pack, bottom 1326.66 ft. MSL or 55.0 ft.	
K. Borehole, bottom 1321.66 ft. MSL or 65.0 ft.	
L. Borehole, diameter 6 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	



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

Signature _____ Firm **Boart Longyear** 101 Alderson Street Tel: (715) 359-0100
Fax: (715) 355-3715

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

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 MARINETTE		WI Unique Well # of Removed Well	Hicap #	Facility Name Goodman Well Abandonment	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) A0605	
1/4 Section SW NE	Section 3	Township 36 N	Range 17	License/Permit/Monitoring # P2-105	
or Gov't Lot #		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address				Present Well Owner	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner	
Subdivision Name		Lot #		City of Present Owner	State ZIP Code

Reason for Removal from Service Abandonment	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) 06/18/1997
<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.) 50.8	Casing Diameter (in.) 2"
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) 3 to 50.8
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 1 to 50.8	Depth to Water (feet) 2.5

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 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> Conductor Pipe-Gravity	<input checked="" type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input checked="" type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	1	1/8 bag	
	1 to 50.8	25 gal	

6. Comments

PVC cut off ~30" below ground surface.

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-18-2019	DNR Use Only	
Street or Route 849 E Frontage Road		Telephone Number (920) 544-4228		Date Received	Noted By
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/18/2019	

Facility/Project Name Former American Graphics	Local Grid Location of Well 3355.29 ft. <input type="checkbox"/> N. <input type="checkbox"/> S. 6508.76 ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name PZ-105
Facility License, Permit or Monitoring Number	Grid Origin Location	Dist. to Nearest Well Number / DNCR Well Number
Type of well: Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input checked="" type="checkbox"/> 12	Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.	Date Well Installed 6-18-97
Distance well is from waste/Source boundary UNKNOWN ft.	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 3 T 36 N. R. 17 <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: (Person's Name and Firm) Mike Nelson
Is Well A Point of Enforcement Std. Application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of well relative to waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Boart Longyear

A. Protective pipe, top elevation 1377.21 ft. MSL

B. Well casing, top elevation 1376.96 ft. MSL

C. Land surface elevation 1377.21 ft. MSL

D. Surface seal, bottom 1376.2 ft. MSL or 1.0 ft.

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

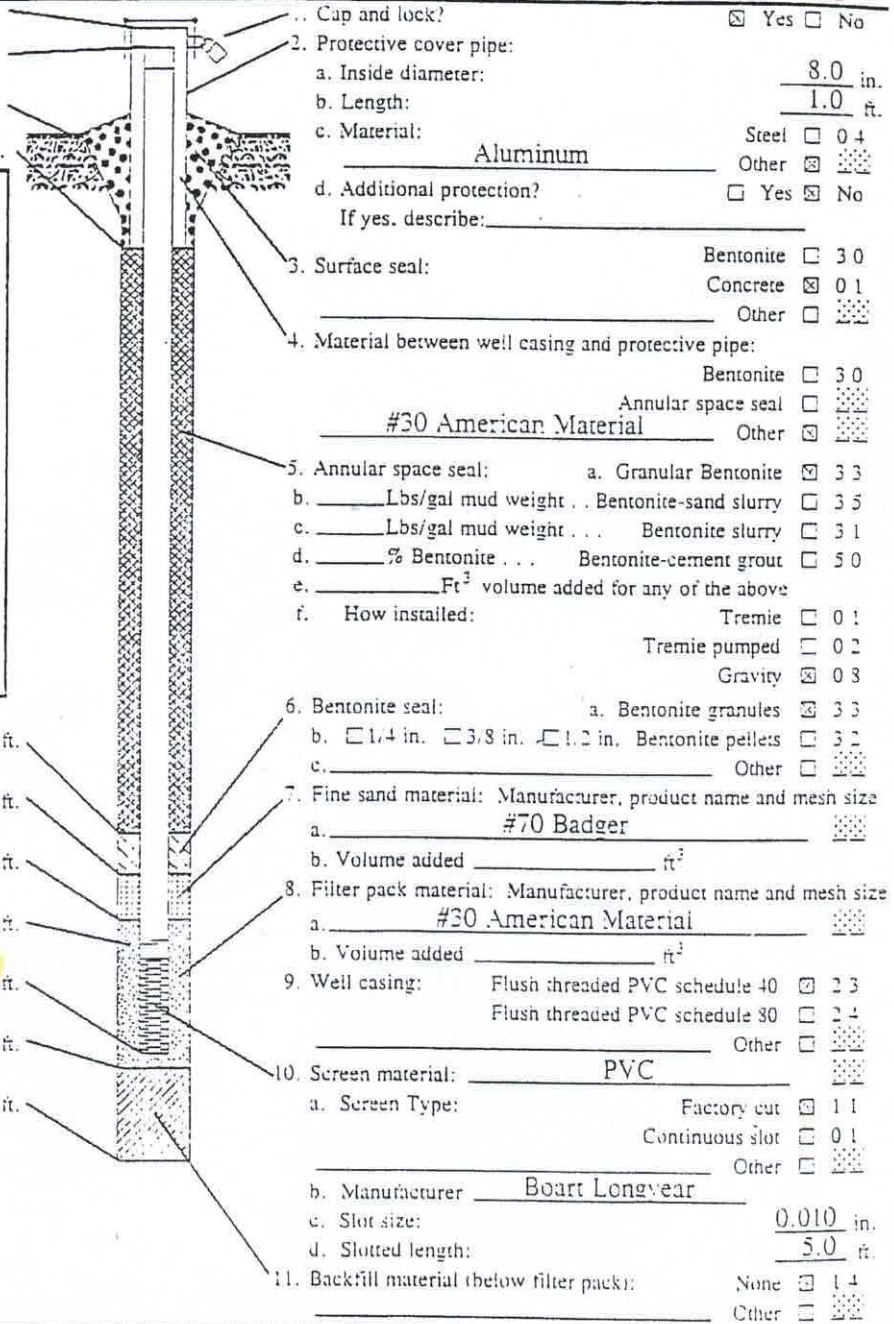
13. Sieve analysis attached? Yes No

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

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

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis):
TOWN OF GOODMAN



E. Bentonite seal, top _____ ft. MSL or _____ ft.

F. Fine sand, top 1336.2 ft. MSL or 41.0 ft.

G. Filter pack, top 1334.2 ft. MSL or 43.0 ft.

H. Screen joint, top 1332.2 ft. MSL or 45.0 ft.

I. Well bottom 1327.2 ft. MSL or 50.0 ft.

J. Filter pack, bottom 1322.2 ft. MSL or 55.0 ft.

K. Borehole, bottom 1322.2 ft. MSL or 55.0 ft.

L. Borehole, diameter 6x1/4 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

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

Signature: [Signature] Firm: **Boart Longyear**
101 Alderson Street
Tel: (715) 359-7090 Fax: (715) 355-5715

Please complete both sides of this form and return to the appropriate DNCR office listed at the top of this form as required by chs. 144, 145 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$50, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNCR use only. See instructions for more information including where the completed form should be sent.