



May 21, 2017


Ms. Jennifer Borski  
Hydrogeologist  
WDNR – Oshkosh Area Office  
625 E. County Rd Y, Suite 700  
Oshkosh, WI 54901-9731

**RE: Well Abandonment - Former American Toy & Furniture Facility,  
825 Main Street (US Highway 45), Hortonville, Wisconsin,  
WDNR BRRTS Number 02-45-000563.**

Dear Ms. Borski:

Attached is the well abandonment documentation for monitoring well MW5 and TW2 for the former American Toy & Furniture – LGU case<sup>1</sup>. The former American Toy & Furniture facility is located at 825 W. Main Street, Hortonville, Wisconsin 54944-8422. The monitoring well abandonment documentation includes *Well / Drillhole / Borehole Filling & Sealing, Form 3300-005* and abandonment photographs for each well. An email of the enclosed documents will be sent to you on 5/22/17.

If you have any questions on the attached information, please contact me at 920/830-6141 or by email at bwayner@omnni.com. Thank you for your assistance.

Sincerely,  
OMNNI Associates, Inc.  
  
Brian D. Wayner, P.E.  
Environmental Engineer

Enclosures

cc: Barry and Tracy Jennerjohn, N2949 Main Road, Hortonville, WI 54944  
Mike Gonnering, Affordable Rental Storage, 825 Main Street Hortonville, WI 54944-8422

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<sup>1</sup> There are two locations at this site. Separate abandonment documentation will be submitted for 03-45-245541.

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Outagamie</b>		WI Unique Well # of Removed Well <b>MW5</b>		Hicap #		Facility Name <b>Former American Toy &amp; Furniture – LGU</b>	
Latitude / Longitude (see instructions) <b>44.33731</b> N <b>88.65318</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>445093220</b>	
¼ / ¼ NW    ¼ SW or Gov't Lot #		Section <b>35</b>		Township <b>22 N</b>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <b>825 Main Street</b>				Original Well Owner <b>Outagamie County</b>			
Well City, Village or Town <b>Hortonville</b>				Well ZIP Code <b>54944</b>			
Subdivision Name				Lot #		Mailing Address of Present Owner <b>825 Main Street</b>	
Reason for Removal from Service PCM approved no longer needed		WI Unique Well # of Replacement Well <b>N/A</b>		City of Present Owner <b>Hortonville</b>		State    ZIP Code <b>WI    54944</b>	

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) <b>unknown</b>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A													
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input 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): _____															
Total Well Depth From Ground Surface (ft.) <b>13.4</b>		Casing Diameter (in.) <b>2</b>		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													
Lower Drillhole Diameter (in.) <b>9</b>		Casing Depth (ft.) <b>13.15</b>		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry													
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">From (ft.)</th> <th style="width:15%;">To (ft.)</th> <th style="width:30%;">No. Yards, Sacks Sealant or Volume (circle one)</th> <th style="width:30%;">Mix Ratio or Mud Weight</th> </tr> </thead> <tbody> <tr> <td>Surface</td> <td>0.5</td> <td></td> <td></td> </tr> <tr> <td>Bentonite Chips</td> <td>0.5</td> <td>13.15</td> <td>&lt; 1/2 bag</td> </tr> </tbody> </table>				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight	Surface	0.5			Bentonite Chips	0.5	13.15	< 1/2 bag
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight														
Surface	0.5																
Bentonite Chips	0.5	13.15	< 1/2 bag														
If yes, to what depth (feet)?		Depth to Water (feet) <b>4.07</b>															

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Gravel	Surface	0.5		
Bentonite Chips	0.5	13.15	< 1/2 bag	

## 6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>OMNNI Associates, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/21/2017</b>	Date Received	Noted By
Street or Route <b>1 North Systems Drive</b>		Telephone Number <b>( 920 ) 735-6900</b>		Comments	
City <b>Appleton</b>	State <b>WI</b>	ZIP Code <b>54914</b>	Signature of Person Doing Work <i>Brian D. Wagner</i>	Date Signed <b>5/21/17</b>	







# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Outagamie</b>		WI Unique Well # of Removed Well <b>TW2 (B16)</b>		Hicap #		Facility Name <b>Former American Toy &amp; Furniture – LGU</b>	
Latitude / Longitude (see instructions) <b>44.33733</b> N <b>88.65303</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>445093220</b>	
1/4 NW or Gov't Lot #		Section <b>35</b>		Township <b>22 N</b>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <b>825 Main Street</b>				Original Well Owner <b>Affordable Rental Storage</b>			
Well City, Village or Town <b>Hortonville</b>				Present Well Owner <b>Affordable Rental Storage</b>			
Subdivision Name				Well ZIP Code <b>54944</b>		Mailing Address of Present Owner <b>825 Main Street</b>	
Reason for Removal from Service PCM approved no longer needed				Well ZIP Code <b>54944</b>		City of Present Owner <b>Hortonville</b>	
WI Unique Well # of Replacement Well <b>N/A</b>				Lot #		State <b>WI</b>	
						ZIP Code <b>54944</b>	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well Temp Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <b>11/8/2002</b>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <u>Direct Push</u>		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>14</b>		Casing Diameter (in.) <b>3/4</b>		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.) <b>13.8</b>		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) <b>3.2</b>		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 checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Gravel		Surface	0.5		
Bentonite Chips		0.5	13.8	< 1/4 bag	

## 6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>OMNNI Associates, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/21/2017</b>	Date Received	Noted By
Street or Route <b>1 North Systems Drive</b>			Telephone Number <b>( 920 ) 735-6900</b>	Comments	
City <b>Appleton</b>	State <b>WI</b>	ZIP Code <b>54914</b>	Signature of Person Doing Work <i>Brian J. Wayner</i>	Date Signed <b>5/21/17</b>	

