

## Lauridsen, Keld B - DNR

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**From:** Max Wilkinson <maxnrpconsultants@gmail.com>  
**Sent:** Monday, November 19, 2018 2:11 PM  
**To:** Jeff LaViolette; Gary Decaster; Jennifer Decaster; Lauridsen, Keld B - DNR; Chronert, Roxanne N - DNR  
**Subject:** Ambrosius Property Remaining Actions Needed  
**Attachments:** Ambrosius Property Well Abandonment Documentation.pdf

Good afternoon,

Please find the attached monitoring well abandonment documentation for the Ambrosius Property located at 1620 Grant Street, Ashwaubenon. NRP abandoned wells MW-1 through MW-6 on November 8th, 2018.

The case should now be granted Final Closure.

Please contact me with any questions related to the well abandonment.

Sincerely,  
Max Wilkinson  
Environmental Scientist  
(920)327-1081 (cell)

NRP Consultants, Inc.  
2357 Pamperin Road, Suite 2  
Green Bay, Wisconsin 54313-8929

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# **NRP ENVIRONMENTAL CONSULTANTS INC.**

2357 Pamperin Road, Suite 2 Green Bay WI 54313-8929  
(920) 662- 9212 Fax (920) 434 – 6464 NRPConsultants@gmail.com

November 19, 2018

Mrs. Roxanne Chronert  
WDNR – Green Bay  
2984 Shawano Ave.  
P.O. Box 10448  
Green Bay, WI 54307-0448

RE: Documentation of Well Abandonment:  
Ambrosius Property  
1620 Grant Street, Village of Ashwaubenon, Outagamie County, Wisconsin  
BRRTS# 02-05-551631

Dear Mrs. Roxanne Chronert

NRP Environmental Consultants Inc. (NRP) is submitting the monitoring well abandonment documentation requested in your remaining actions letter sent on October 24, 2018.

NRP personnel completed monitoring well abandonment activities at the above site on November 8<sup>th</sup>, 2018. Please find the attached filling and sealing reports (form 3300-005) for monitoring wells 1 through 6 (MW-1 through MW-6).

Regarding purge water, waste, and soil pile disposal; Groundwater samples collected from the site in 2012 indicate there is NO contamination above NR 140 standards. Purge water for well abandonment was spread out on the ground surface near the wells. There were no investigative wastes or soil piles to dispose of.

The case should now be granted final closure.

If you have any questions, concerns, or comments, please reach out to NRP using the contact information below or call our offices at (920) 662-9212.

Sincerely,  
NRP Environmental Consultants, Inc.

Max A. Wilkinson  
Environmental Scientist  
(920) 327 – 1081  
[MaxNRPconsultants@gmail.com](mailto:MaxNRPconsultants@gmail.com)

Jeff LaViolette, P.E.  
Civil/Environmental Engineer  
(920) 655 - 0537  
[NRPConsultants@gmail.com](mailto:NRPConsultants@gmail.com)

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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 <b>BROWN</b>	WI Unique Well # of Removed Well <b>MW-1</b>	Hicap #
Latitude / Longitude (see instructions) <b>44.4459754</b> N <b>-88.1124506</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ SE or Gov't Lot #	Section <b>19</b>	Township <b>23 N</b>
Well Street Address <b>1620 GRANT STREET</b>	Range <b>20</b>	Original Well Owner <b>GDC AMERICAN BLVD. LLC</b>
Well City, Village or Town <b>ASHWAUBENON</b>	Well ZIP Code	Present Well Owner <b>GDC AMERICAN BLVD LLC</b>
Subdivision Name	Lot #	Mailing Address of Present Owner <b>PO BOX 13427</b>
Reason for Removal from Service <b>CASE CLOSURE</b>	WI Unique Well # of Replacement Well	City of Present Owner <b>GREEN BAY</b>

Facility Name <b>AMBROSIOUS PROPERTY</b>	Facility ID (FID or PWS)	State <b>WI</b>	ZIP Code <b>54313</b>
License/Permit/Monitoring #	Original Well Owner <b>GDC AMERICAN BLVD. LLC</b>	Present Well Owner <b>GDC AMERICAN BLVD LLC</b>	
Well Street Address <b>1620 GRANT STREET</b>	Well City, Village or Town <b>ASHWAUBENON</b>	Mailing Address of Present Owner <b>PO BOX 13427</b>	
Subdivision Name	Lot #	City of Present Owner <b>GREEN BAY</b>	State <b>WI</b>
Reason for Removal from Service <b>CASE CLOSURE</b>	WI Unique Well # of Replacement Well	ZIP Code <b>54313</b>	

**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>7/22/2011</b>
<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.) <b>16.0</b>	Casing Diameter (in.) <b>2.0</b>
Lower Drillhole Diameter (in.) <b>2.0</b>	Casing Depth (ft.) <b>16.0</b>
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) <b>0.5</b>

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

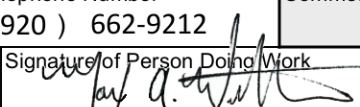
Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/>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

<b>BENTONITE CHIPS</b>	From (ft.) <b>Surface</b>	To (ft.) <b>16.0</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>1/2 BAG</b>	Mix Ratio or Mud Weight
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**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>NRP ENVIRONMENTAL CONSULTANTS</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11/08/2018</b>	Date Received	Noted By
Street or Route <b>2357 PAMPERIN RD. SUITE 2</b>	Telephone Number <b>( 920 ) 662-9212</b>	Comments		
City <b>GREEN BAY</b>	State <b>WI</b>	ZIP Code <b>54313</b>	Signature of Person Doing Work 	Date Signed <b>11/08/2018</b>

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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 <b>BROWN</b>	WI Unique Well # of Removed Well <b>MW-2</b>	Hicap #
Latitude / Longitude (see instructions) <b>44.4459754</b> N <b>-88.1124506</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ SE      ¼ SE or Gov't Lot #	Section <b>19</b>	Township <b>23 N</b>
Well Street Address <b>1620 GRANT STREET</b>	Range <b>20</b>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <b>ASHWAUBENON</b>	Well ZIP Code	
Subdivision Name	Lot #	

Facility Name <b>AMBROSIOUS PROPERTY</b>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner <b>GDC AMERICAN BLVD. LLC</b>		
Present Well Owner <b>GDC AMERICAN BLVD LLC</b>		
Mailing Address of Present Owner <b>PO BOX 13427</b>		
City of Present Owner <b>GREEN BAY</b>	State <b>WI</b>	ZIP Code <b>54313</b>

Reason for Removal from Service <b>CASE CLOSURE</b>	WI Unique Well # of Replacement Well
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**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>7/22/2011</b>
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.

Construction Type:
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug
<input type="checkbox"/> Other (specify): _____

Formation Type:
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.) <b>16.0</b>	Casing Diameter (in.) <b>2.0</b>
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Lower Drillhole Diameter (in.) <b>2.0</b>	Casing Depth (ft.) <b>16.0</b>
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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) <b>1.5</b>
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**4. Pump, Liner, Screen, Casing & Sealing Material**

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Required Method of Placing Sealing Material
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

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

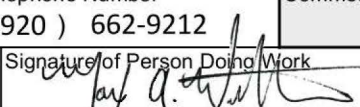
For Monitoring Wells and Monitoring Well Boreholes Only:
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>BENTONITE CHIPS</b>	Surface	<b>16.0</b>	<b>1/2 BAG</b>	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>NRP ENVIRONMENTAL CONSULTANTS</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11/08/2018</b>	Date Received	Noted By
Street or Route <b>2357 PAMPERIN RD. SUITE 2</b>	Telephone Number <b>( 920 ) 662-9212</b>	Comments		
City <b>GREEN BAY</b>	State <b>WI</b>	ZIP Code <b>54313</b>	Signature of Person Doing Work 	Date Signed <b>11/08/2018</b>

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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 <b>BROWN</b>	WI Unique Well # of Removed Well <b>MW-3</b>	Hicap #
Latitude / Longitude (see instructions) <b>44.4459754</b> N <b>-88.1124506</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ SE or Gov't Lot #	Section <b>19</b>	Township <b>23 N</b>
Well Street Address <b>1620 GRANT STREET</b>	Range <b>20</b>	Original Well Owner <b>GDC AMERICAN BLVD. LLC</b>
Well City, Village or Town <b>ASHWAUBENON</b>	Well ZIP Code	Present Well Owner <b>GDC AMERICAN BLVD LLC</b>
Subdivision Name	Lot #	Mailing Address of Present Owner <b>PO BOX 13427</b>
Reason for Removal from Service <b>CASE CLOSURE</b>	WI Unique Well # of Replacement Well	City of Present Owner <b>GREEN BAY</b>

Facility Name <b>AMBROSIOUS PROPERTY</b>	Facility ID (FID or PWS)	State <b>WI</b>	ZIP Code <b>54313</b>
License/Permit/Monitoring #	Original Well Owner <b>GDC AMERICAN BLVD. LLC</b>	Present Well Owner <b>GDC AMERICAN BLVD LLC</b>	
Well Street Address <b>1620 GRANT STREET</b>	Well City, Village or Town <b>ASHWAUBENON</b>	Mailing Address of Present Owner <b>PO BOX 13427</b>	
Subdivision Name	Lot #	City of Present Owner <b>GREEN BAY</b>	State <b>WI</b>
Reason for Removal from Service <b>CASE CLOSURE</b>	WI Unique Well # of Replacement Well	ZIP Code <b>54313</b>	

**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>7/22/2011</b>
<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.) <b>16.0</b>	Casing Diameter (in.) <b>2.0</b>
Lower Drillhole Diameter (in.) <b>2.0</b>	Casing Depth (ft.) <b>16.0</b>
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) <b>0.5</b>

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

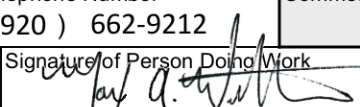
Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/>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

<b>BENTONITE CHIPS</b>	From (ft.) <b>Surface</b>	To (ft.) <b>16.0</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>1/2 BAG</b>	Mix Ratio or Mud Weight
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**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>NRP ENVIRONMENTAL CONSULTANTS</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11/08/2018</b>	Date Received	Noted By
Street or Route <b>2357 PAMPERIN RD. SUITE 2</b>	Telephone Number <b>( 920 ) 662-9212</b>	Comments		
City <b>GREEN BAY</b>	State <b>WI</b>	ZIP Code <b>54313</b>	Signature of Person Doing Work 	Date Signed <b>11/08/2018</b>

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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 <b>BROWN</b>	WI Unique Well # of Removed Well <b>MW-4</b>	Hicap #
Latitude / Longitude (see instructions) <b>44.4459754</b> N <b>-88.1124506</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ SE or Gov't Lot #	Section <b>19</b>	Township <b>23 N</b>
Well Street Address <b>1620 GRANT STREET</b>	Range <b>20</b>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <b>ASHWAUBENON</b>	Well ZIP Code	
Subdivision Name	Lot #	

Facility Name <b>AMBROSIUS PROPERTY</b>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner <b>GDC AMERICAN BLVD. LLC</b>		
Present Well Owner <b>GDC AMERICAN BLVD LLC</b>		
Mailing Address of Present Owner <b>PO BOX 13427</b>		
City of Present Owner <b>GREEN BAY</b>	State <b>WI</b>	ZIP Code <b>54313</b>

Reason for Removal from Service <b>CASE CLOSURE</b>	WI Unique Well # of Replacement Well
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**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>7/22/2011</b>
<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.) <b>16.0</b>	Casing Diameter (in.) <b>2.0</b>
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Lower Drillhole Diameter (in.) <b>2.0</b>	Casing Depth (ft.) <b>16.0</b>
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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) <b>0.0</b>
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**4. Pump, Liner, Screen, Casing & Sealing Material**

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Required Method of Placing Sealing Material
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

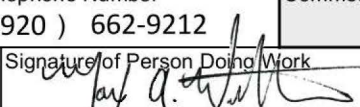
Sealing Materials
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips

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
<b>BENTONITE CHIPS</b>	Surface	<b>16.0</b>	<b>1/2 BAG</b>	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>NRP ENVIRONMENTAL CONSULTANTS</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11/08/2018</b>	Date Received	Noted By
Street or Route <b>2357 PAMPERIN RD. SUITE 2</b>	Telephone Number <b>( 920 ) 662-9212</b>	Comments		
City <b>GREEN BAY</b>	State <b>WI</b>	ZIP Code <b>54313</b>	Signature of Person Doing Work 	Date Signed <b>11/08/2018</b>

**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>BROWN</b>	WI Unique Well # of Removed Well <b>MW-5</b>	Hicap #
Latitude / Longitude (see instructions) <b>44.4459754</b> N <b>-88.1124506</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ SE or Gov't Lot #	Section <b>19</b>	Township <b>23 N</b>
Well Street Address <b>1620 GRANT STREET</b>	Range <b>20</b>	Original Well Owner <b>GDC AMERICAN BLVD. LLC</b>
Well City, Village or Town <b>ASHWAUBENON</b>	Well ZIP Code	Present Well Owner <b>GDC AMERICAN BLVD LLC</b>
Subdivision Name	Lot #	Mailing Address of Present Owner <b>PO BOX 13427</b>
Reason for Removal from Service <b>CASE CLOSURE</b>	WI Unique Well # of Replacement Well	City of Present Owner <b>GREEN BAY</b>

Facility Name <b>AMBROSIUS PROPERTY</b>	Facility ID (FID or PWS)	State <b>WI</b>	ZIP Code <b>54313</b>
License/Permit/Monitoring #	Original Well Owner <b>GDC AMERICAN BLVD. LLC</b>	Present Well Owner <b>GDC AMERICAN BLVD LLC</b>	
Well Street Address <b>1620 GRANT STREET</b>	Well City, Village or Town <b>ASHWAUBENON</b>	Mailing Address of Present Owner <b>PO BOX 13427</b>	
Subdivision Name	Lot #	City of Present Owner <b>GREEN BAY</b>	State <b>WI</b>
Reason for Removal from Service <b>CASE CLOSURE</b>	WI Unique Well # of Replacement Well	ZIP Code <b>54313</b>	

**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>7/22/2011</b>
<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.) <b>16.0</b>	Casing Diameter (in.) <b>2.0</b>
Lower Drillhole Diameter (in.) <b>2.0</b>	Casing Depth (ft.) <b>16.0</b>
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) <b>0.5</b>

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

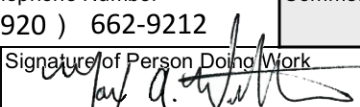
Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/>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

**5. Material Used to Fill Well / Drillhole**

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>BENTONITE CHIPS</b>	Surface	<b>16.0</b>	<b>1/2 BAG</b>	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>NRP ENVIRONMENTAL CONSULTANTS</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11/08/2018</b>	Date Received	Noted By
Street or Route <b>2357 PAMPERIN RD. SUITE 2</b>	Telephone Number <b>( 920 ) 662-9212</b>	Comments		
City <b>GREEN BAY</b>	State <b>WI</b>	ZIP Code <b>54313</b>	Signature of Person Doing Work 	Date Signed <b>11/08/2018</b>

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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 <b>BROWN</b>	WI Unique Well # of Removed Well <b>MW-6</b>	Hicap #
Latitude / Longitude (see instructions) <b>44.4459754</b> N <b>-88.1124506</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ SE      ¼ SE or Gov't Lot #	Section <b>19</b>	Township <b>23 N</b>
Well Street Address <b>1620 GRANT STREET</b>	Range <b>20</b>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <b>ASHWAUBENON</b>	Well ZIP Code	
Subdivision Name	Lot #	

Facility Name <b>AMBROSIUS PROPERTY</b>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner <b>GDC AMERICAN BLVD. LLC</b>		
Present Well Owner <b>GDC AMERICAN BLVD LLC</b>		
Mailing Address of Present Owner <b>PO BOX 13427</b>		
City of Present Owner <b>GREEN BAY</b>	State <b>WI</b>	ZIP Code <b>54313</b>

Reason for Removal from Service <b>CASE CLOSURE</b>	WI Unique Well # of Replacement Well
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**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>7/22/2011</b>
<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.) <b>16.0</b>	Casing Diameter (in.) <b>2.0</b>
Lower Drillhole Diameter (in.) <b>2.0</b>	Casing Depth (ft.) <b>16.0</b>
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) <b>1.5</b>

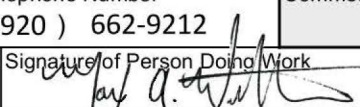
**4. Pump, Liner, Screen, Casing & Sealing Material**

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
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
<b>BENTONITE CHIPS</b>	Surface	<b>16.0</b>	<b>1/2 BAG</b>	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>NRP ENVIRONMENTAL CONSULTANTS</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11/08/2018</b>	Date Received	Noted By
Street or Route <b>2357 PAMPERIN RD. SUITE 2</b>	Telephone Number <b>( 920 ) 662-9212</b>		Comments	
City <b>GREEN BAY</b>	State <b>WI</b>	ZIP Code <b>54313</b>	Signature of Person Doing Work 	Date Signed <b>11/08/2018</b>