

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 Calumet	WI Unique Well # of Removed Well	Hicap #	Facility Name Realty Opus Property
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 367 W. Valley Road			License/Permit/Monitoring # MW-1
Well City, Village or Town Appleton			Well ZIP Code 54915
Subdivision Name			Lot #
Reason for Removal from Service			WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
NA

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.)

15 **2**

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

Was well annular space grouted? Yes No Unknown

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

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): **gravity**

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	0.5 <u>kg</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing KE Engineering	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10/04/2017	DNR Use Only	
Street or Route 735 N Water St. Suite 510	Telephone Number 414 224 3300	Date Received	Noted By	
City Milwaukee	State WI	ZIP Code 53202	Signature of Person Doing Work [Signature]	
			Date Signed 10/04/17	

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County Calumet	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 367 W. Valley Road	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner
Well City, Village or Town Appleton	Well ZIP Code 54915	Present Well Owner
Subdivision Name	Lot #	Mailing Address of Present Owner
Reason for Removal from Service	WI Unique Well # of Replacement Well	City of Present Owner

2. Facility / Owner Information

Facility Name Realty Opus Property
Facility ID (FID or PWS)
License/Permit/Monitoring # MW-2
Original Well Owner
Present Well Owner
Mailing Address of Present Owner
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) NA
<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.) 15	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 4.10

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

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

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards; Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips	Surface	15	0.5 bg.	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing KEY Engineering	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10/04/2017	DNR Use Only	
Street or Route 735 N Water St. Suite 510	Telephone Number 414 224 3300	Comments	Date Received	Noted By
City Milwaukee	State WI	ZIP Code 53207	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10/04/17

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Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County Calumet	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 367 W. Valley Road	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Appleton	Well ZIP Code 54915	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Realty Opus Property
Facility ID (FID or PWS)
License/Permit/Monitoring # MN-3
Original Well Owner
Present Well Owner
Mailing Address of Present Owner
City of Present Owner
State
ZIP Code

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) NA 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.) 13	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 2.20

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Key Engineering	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10/04/2017	DNR Use Only	
Street or Route 735 N Water St. Suite 510	Telephone Number 414 224 8300	Comments	Date Received	Noted By
City Milwaukee	State WI	ZIP Code 53207	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10/04/17

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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 Calumet		WI Unique Well # of Removed Well		Hicap #		Facility Name Realty Opus Property	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		_____	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # MW-4	
_____		Section		Township		Original Well Owner	
1/4 / 1/4		_____		Range <input type="checkbox"/> E		Present Well Owner	
or Gov't Lot #		_____		<input type="checkbox"/> W		Mailing Address of Present Owner	
Well Street Address 867 W. Valky Road				City of Present Owner			
Well City, Village or Town Appleton				State			
Subdivision Name				ZIP Code			
Well ZIP Code 54915				Lot #			
Reason for Removal from Service				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) Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Dug		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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.) 10.64		Casing Diameter (in.) 2		<input type="checkbox"/> Conductor Pipe-Gravity	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) 10.64		<input type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted?				<input type="checkbox"/> Screened & Poured (Bentonite Chips)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input checked="" type="checkbox"/> Other (Explain): Gravity	
If yes, to what depth (feet)? —		Depth to Water (feet) 1.82		Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout	
				<input type="checkbox"/> Concrete	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout	
				<input type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" type="checkbox"/> Bentonite Chips	
				<input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite	
				<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	10.64	1/3 bag 16.5 lbs.	—

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Jason Drows		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/07/2016	Date Received	Noted By
Street or Route 735 N Water St. STE 510		Telephone Number (414) 224-8800		Comments	
City Milwaukee	State WI	ZIP Code 53202	Signature of Person Doing Work 	Date Signed 12/08/2016	

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County <i>Calumet</i>	WI Unique Well # of Removed Well	Hicap #	Facility Name <i>Realty Opus Property</i>		
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section	Township <i>N</i>	Range <input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <i>MW-5</i>	
Well Street Address <i>367 W. Valley Road</i>			Original Well Owner		
Well City, Village or Town <i>Appleton</i>			Present Well Owner		
Subdivision Name			Mailing Address of Present Owner		
Well ZIP Code <i>54915</i>			City of Present Owner		
Reason for Removal from Service			State		
WI Unique Well # of Replacement Well			ZIP Code		

3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>NA</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: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <i>13</i>	Casing Diameter (in.) <i>2</i>	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? <i>—</i>	Depth to Water (feet) <i>3.26</i>	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 type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>gravity</i>	
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

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

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Key Engineering</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10/04/2017</i>	Date Received	Noted By	
Street or Route <i>735 N Water St. Suite 510</i>	Telephone Number <i>414 224 8300</i>		Comments		
City <i>Milwaukee</i>	State <i>WI</i>	ZIP Code <i>53202</i>	Signature of Person Doing Work <i>[Signature]</i>		Date/Signed <i>10/04/17</i>

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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 Calumet		WI Unique Well # of Removed Well		Hicap #		Facility Name Realty Opus Property					
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)					
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # MW-6					
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		Original Well Owner					
_____ E		Section		Township		Range		Present Well Owner			
or Gov't Lot #		_____		_____		<input type="checkbox"/> W		Mailing Address of Present Owner			
Well Street Address 367 W. Valley Road											
Well City, Village or Town Appleton						Well ZIP Code 54915					
Subdivision Name						Lot #					
Reason for Removal from Service						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)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole							
Construction Type:		NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
<input checked="" type="checkbox"/> Other (specify):		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"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A							
Formation Type:		<input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): gravity							
Total Well Depth From Ground Surface (ft.)		Casing Diameter (in.)		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips							
14.50		2		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							
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		Required Method of Placing Sealing Material <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips							
Was well annular space grouted?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips							
If yes, to what depth (feet)?		Depth to Water (feet)		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							
_____		4.10		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips							

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	14.5	0.5 bag	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing KFX Engineering		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 10/04/2017		Date Received		Noted By	
Street or Route 735 N Water St. Suite 510		Telephone Number 414/224-3300		Comments					
City Milwaukee		State WI		ZIP Code 53201		Signature of Person Doing Work <i>[Signature]</i>		Date/Signed 10/04/17	

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information 2. Facility / Owner Information

County: Calumet 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: _____ Section: _____ Township: _____ Range: E Original Well Owner: _____
 or Gov't Lot #: _____ N W
 Well Street Address: 367 W. Valley Road
 Well City, Village or Town: Appleton Well ZIP Code: 54915
 Subdivision Name: _____ Lot #: _____

Facility Name: Realty Opus Property
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: MN-7
 Present Well Owner: _____
 Mailing Address of Present Owner: _____
 City of Present Owner: _____ State: _____ ZIP Code: _____

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): NA
 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 Casing Diameter (in.): 2

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

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 3.01

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

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

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

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

Bentonite chips

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	0.5 <u>kg</u>	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: <u>KFX Engineering</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>10/04/2017</u>	Date Received: _____	Noted By: _____
Street or Route: <u>735 N. Water St. Suite 510</u>	Telephone Number: <u>414/224-3300</u>	Comments: _____		
City: <u>Milwaukee</u>	State: <u>WI</u>	ZIP Code: <u>53202</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date/Signed: <u>10/04/17</u>

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.

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County <i>Calumet</i>		WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4	1/4	Section	Township
or Gov't Lot #			Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <i>367 W. Valley Road</i>			
Well City, Village or Town <i>Appleton</i>		Well ZIP Code <i>54915</i>	
Subdivision Name		Lot #	
Reason for Removal from Service		WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name <i>Realty Opus Property</i>		
Facility ID (FID or PWS)		
License/Permit/Monitoring # <i>MW-8</i>		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner		
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) <i>NA</i>
<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.) <i>14.5</i>	Casing Diameter (in.) <i>2</i>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) <i>2.00</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 checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>gravity</i>			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<i>14.5</i>	<i>0.5</i> <small>kg</small>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <i>REX Engineering</i>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10/04/2017</i>	DNR Use Only	
Street or Route <i>735 N Water St. Suite 510</i>		Telephone Number <i>414 224 8300</i>	Date Received		Noted By
City <i>Milwaukee</i>	State <i>WI</i>	ZIP Code <i>53207</i>	Signature of Person Doing Work <i>[Signature]</i>		Date Signed <i>10/04/17</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.

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County Calumet	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 _____ or Gov't Lot # _____	Section	Township N
Well Street Address 367 W. Valley Road	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Appleton	Well ZIP Code 54915	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Realty Opus Property
Facility ID (FID or PWS)
License/Permit/Monitoring # MW-8
Original Well Owner
Present Well Owner
Mailing Address of Present Owner
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) NA
<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.) 17.7	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 1.35

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

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

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	17.7	0.5 kg	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing KEX Engineering	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10/04/2017	DNR Use Only	
Street or Route 735 N Water St. Suite 510	Telephone Number 414 224 8300	Comments	Date Received	Noted By
City Milwaukee	State WI	ZIP Code 53207	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10/04/17

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

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

County: Calumet WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 or Gov't Lot #: _____ Section: _____ Township: _____ Range: E W
 Well Street Address: 367 W. Valley Road
 Well City, Village or Town: Appleton Well ZIP Code: 54915
 Subdivision Name: _____ Lot #: _____

Facility Name: Realty Opus Property
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: MW-10
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: _____
 City of Present Owner: _____ State: _____ ZIP Code: _____

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): NA
 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.): 19.5 Casing Diameter (in.): 2
 Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? _____ Depth to Water (feet): 1.75

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

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

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite Chips</u>	Surface	<u>19.5</u>	<u>0.5</u> kg.	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: KE Engineering License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): 10/04/2017
 Street or Route: 735 N Water St. Suite 510 Telephone Number: 414 224 8300
 City: Milwaukee State: WI ZIP Code: 53207 Signature of Person Doing Work: [Signature] Date Signed: 10/04/17

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 Calumet	WI Unique Well # of Removed Well	Hicap #	Facility Name Realty Opus Property
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 367 W. Valley Road			License/Permit/Monitoring # MW-11
Well City, Village or Town Appleton			Well ZIP Code 54915
Subdivision Name			Lot #
Reason for Removal from Service			WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
NA

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.)

14.4 **2**

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

Was well annular space grouted? Yes No Unknown

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

1.76

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): **gravity**

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	14.4	0.5 yg.	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Key Engineering	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10/04/2017	DNR Use Only	
Street or Route 735 N. Water St. Suite 510	Telephone Number 414-224-8300	Comments	Date Received	Noted By
City Milwaukee	State WI	ZIP Code 53202	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10/04/17

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>Calumet</i>		WI Unique Well # of Removed Well		Hicap #		Facility Name <i>Realty Opus Property</i>			
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)			
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # <i>MW-12</i>			
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		Original Well Owner			
_____ E		<input type="checkbox"/> OTH001		<input type="checkbox"/> W		Present Well Owner			
1/4 / 1/4		Section		Township		Mailing Address of Present Owner			
or Gov't Lot #		N		Range		City of Present Owner			
Well Street Address <i>367 W. Valley Road</i>		Well ZIP Code <i>54915</i>		State		ZIP Code			
Well City, Village or Town <i>Appleton</i>		Lot #		City of Present Owner		State			
Subdivision Name		Reason for Removal from Service		WI Unique Well # of Replacement Well		City of Present Owner			

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)		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		<i>NA</i>		Liner(s) removed?		<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.		Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:		<input checked="" type="checkbox"/> Drilled		Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____		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.)		Casing Diameter (in.)		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<i>14</i>		<i>2</i>		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Required Method of Placing Sealing Material		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
If yes, to what depth (feet)?		Depth to Water (feet)		<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): <i>gravity</i>	
<i>4.12</i>		<i>4.12</i>		Sealing Materials		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
5. Material Used to Fill Well / Drillhole		From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)	
<i>Bentonite chips</i>		Surface		<i>14</i>		<i>0.5 bag</i>	
6. Comments		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight			

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

Name of Person or Firm Doing Filling & Sealing <i>KAY Engineering</i>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10/04/2017</i>		Date Received		Noted By	
Street or Route <i>735 N Water St. Suite 510</i>		Telephone Number <i>414 224 3300</i>		Comments		Signature of Person Doing Work <i>[Signature]</i>		Date/Signed <i>10/04/17</i>	
City <i>Milwaukee</i>		State <i>WI</i>		ZIP Code <i>53202</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

County Calumet		WI Unique Well # of Removed Well _____		Hicap # _____	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	
1/4 / 1/4 or Gov't Lot #		Section		Township N	
Well Street Address 3067 W. Valley Road		Well City, Village or Town Appleton		Well ZIP Code 54915	
Subdivision Name _____		Lot # _____		Range <input type="checkbox"/> E <input type="checkbox"/> W	

2. Facility / Owner Information

Facility Name Realty Opus Property		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # MW-13		
Original Well Owner _____		
Present Well Owner _____		
Mailing Address of Present Owner _____		
City of Present Owner _____		State _____
ZIP Code _____		_____

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) NA	
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.) 16.70		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) _____		Casing Depth (ft.) _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? _____		Depth to Water (feet) 4.50	

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	16.7	0.5 <small>kg</small>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing K&E Engineering		License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10/04/2017	DNR Use Only	
Street or Route 735 N Water St. Suite 510		Telephone Number 414-224-3300	Comments _____	Date Received _____	Noted By _____
City Milwaukee	State WI	ZIP Code 53202	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10/04/17	

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 Calumet	WI Unique Well # of Removed Well	Hicap #	Facility Name Realty Opus Property
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 367 W. Valley Road			Original Well Owner
Well City, Village or Town Appleton			Present Well Owner
Well ZIP Code 54915			Mailing Address of Present Owner
Subdivision Name			City of Present Owner
			State
			ZIP Code

Reason for Removal from Service 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) NA
<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.) 12	Casing Diameter (in.) 1
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	12	0.5 bg	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing K&E Engineering	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10/04/2017	DNR Use Only	
Street or Route 735 N. Water St. Suite 510	Telephone Number (414) 224-8300	Date Received	Noted By	
City Milwaukee	State WI	ZIP Code 53202	Signature of Person Doing Work <i>[Signature]</i>	
			Date Signed 10/04/17	

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Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County <u>Calumet</u>		WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions)		Format Code	Method Code
_____ N		<input type="checkbox"/> DD	<input type="checkbox"/> GPS008
_____ W		<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
_____		<input type="checkbox"/> OTH001	
1/4 / 1/4	1/4	Section	Township
or Gov't Lot #			Range <input type="checkbox"/> E
			<input type="checkbox"/> W
Well Street Address <u>367 W. Valley Road</u>			
Well City, Village or Town <u>Appleton</u>		Well ZIP Code <u>54915</u>	
Subdivision Name		Lot #	
Reason for Removal from Service		WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name <u>Realty Opus Property</u>		
Facility ID (FID or PWS)		
License/Permit/Monitoring # <u>EP17-02</u>		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner		
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) <u>NA</u>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type:	
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input type="checkbox"/> Other (specify): _____	
Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) <u>12</u>	Casing Diameter (in.) <u>1</u>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) <u>3.00</u>

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

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

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	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>REX Engineering</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>10/04/2017</u>	DNR Use Only	
Street or Route <u>735 N. Water St. Suite 510</u>		Telephone Number <u>414/224 8300</u>	Comments	Date Received	Noted By
City <u>Milwaukee</u>	State <u>WI</u>	ZIP Code <u>53202</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>10/04/17</u>	

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County <u>WINNEBAGO</u>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <u>REALTY OPUS PROPERTY</u>		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions) _____			
1/4 / 1/4 or Gov't Lot #	Section	Township <u>N</u>	Range	<input type="checkbox"/> E <input type="checkbox"/> W	Facility ID (FID or PWS) _____
Well Street Address <u>867 W VALLEY RD</u>			License/Permit/Monitoring # <u>GP17-3</u>		
Well City, Village or Town <u>MENASHA</u>			Original Well Owner _____		
Subdivision Name			Present Well Owner _____		
Well ZIP Code <u>54915</u>			Mailing Address of Present Owner _____		
Lot #			City of Present Owner		
Reason For Removal From Service			State		
WI Unique Well # of Replacement Well			ZIP Code		

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material					
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <u>7/14/17</u>	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 checked="" type="checkbox"/> Borehole / Drillhole		Screen removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Construction Type:		Casing left in place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Was casing cut off below surface?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): <u>DIRECT PUSH</u>		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Formation Type:		Did material settle after 24 hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <u>4'</u>	Casing Diameter (in.) <u>NA</u>	If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <u>2 INCH</u>	Casing Depth (ft.) <u>NA</u>	Required Method of Placing Sealing Material		<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
Was well annular space grouted? <u>NA</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Screened & Poured	<input checked="" type="checkbox"/> Other (Explain): <u>GRAVITY</u>		
If yes, to what depth (feet)?	Depth to Water (feet)	Sealing Materials		<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite-Sand Slurry " "		
		<input type="checkbox"/> Concrete		<input 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	<u>4</u>		
<u>GRANULAR BENTONITE</u>			

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>KEY ENGINEERING GROUP</u>	License #	Date of Filling & Sealing (mm/dd/yyyy) <u>7/14/17</u>	Date Received	Noted By
Street or Route <u>735 N WATER ST SUITE 510</u>		Telephone Number <u>(414) 224 8300</u>	Comments	
City <u>MILWAUKEE</u>	State <u>WI</u>	ZIP Code <u>53202</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>7/14/17</u>

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County WINNEBAGO	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name REALTY OPUS PROPERTY		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____		
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # GP17-4	
Well Street Address 867 W VALLEY RD			Original Well Owner _____		
Well City, Village or Town MENASHA			Present Well Owner _____		
Well ZIP Code 54915			Mailing Address of Present Owner _____		
Subdivision Name			City of Present Owner	State	ZIP Code
Lot #			_____		

Reason For Removal From Service	WI Unique Well # of Replacement Well
_____	_____

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/14/17	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 checked="" type="checkbox"/> Borehole / Drillhole		Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): DIRECT PUSH	<input type="checkbox"/> Dug	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 4'	Casing Diameter (in.) NA	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
Lower Drillhole Diameter (in.) 2 INCH	Casing Depth (ft.) NA	Required Method of Placing Sealing Material	
Was well annular space grouted? NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
_____	_____	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): GRAVITY	

Sealing Materials		For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "	<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips		

5. Material Used To Fill Well / Drillhole			
GRANULAR BENTONITE	From (ft.) Surface	To (ft.) 4	No. Yards, Sacks Sealant or Volume (circle one) _____
			Mix Ratio or Mud Weight _____

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing KOY ENGINEERING GROUP	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 7/14/17	Date Received	Noted By
Street or Route 735 N WATER ST SUITE 510		Telephone Number (414) 224 8300	Comments	
City MILWAUKEE	State WI	ZIP Code 53202	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/14/17

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County WINNEBAGO		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name REALTY OPUS PROPERTY	
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions) _____		Facility ID (FID or PWS) _____		License/Permit/Monitoring # GP17-5	
1/4 / 1/4 or Gov't Lot #		Section		Township		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 867 W VALLEY RD				Original Well Owner _____			
Well City, Village or Town MENASHA				Well ZIP Code 54915			
Subdivision Name				Lot #		Mailing Address of Present Owner	
Reason For Removal From Service				WI Unique Well # of Replacement Well		City of Present Owner	
State				State		ZIP Code	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material					
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/14/17		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 checked="" type="checkbox"/> Borehole / Drillhole				Screen removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type:				Casing left in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Was casing cut off below surface?			
<input checked="" type="checkbox"/> Other (specify): DIRECT PUSH				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Did sealing material rise to surface?			
Formation Type:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Did material settle after 24 hours?			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If yes, was hole retopped?			
Total Well Depth From Ground Surface (ft.) 4'		Casing Diameter (in.) NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If bentonite chips were used, were they hydrated with water from a known safe source?			
Lower Drillhole Diameter (in.) 2 INCH		Casing Depth (ft.) NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Required Method of Placing Sealing Material			
Was well annular space grouted? NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Conductor Pipe-Gravity				<input type="checkbox"/> Conductor Pipe-Pumped	
If yes, to what depth (feet)?				Depth to Water (feet)		<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): GRAVITY	

5. Material Used To Fill Well / Drillhole				Sealing Materials			
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
Surface		4					
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input 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			

6. Comments

7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing KEY ENGINEERING GROUP		License #		Date of Filling & Sealing (mm/dd/yyyy) 7/14/17		Date Received	
Street or Route 735 N WATER ST SUITE 510		Telephone Number (414) 224 8300		Comments			
City MILWAUKEE		State WI		ZIP Code 53202		Signature of Person Doing Work <i>[Signature]</i>	
						Date Signed 7/14/17	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County WINNEBAGO	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name REALTY OPUS PROPERTY		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____		
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # GP17-6	
Well Street Address 867 W VALLEY RD			Original Well Owner _____		
Well City, Village or Town MENASHA			Present Well Owner _____		
Well ZIP Code 54915			Mailing Address of Present Owner _____		
Subdivision Name			City of Present Owner	State	ZIP Code

Reason For Removal From Service		WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) 7/14/17	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Monitoring 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"/> Water Well			Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole			Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction Type:			Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): DIRECT PUSH			Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type:			If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock		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
Total Well Depth From Ground Surface (ft.) 4'	Casing Diameter (in.) NA		Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 2 INCH	Casing Depth (ft.) NA		<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
Was well annular space grouted? NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): GRAVITY		
If yes, to what depth (feet)?	Depth to Water (feet)		Sealing Materials			
			<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
			<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "		
			<input type="checkbox"/> Concrete	<input 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
GRANULAR BENTONITE		Surface	4		

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing KEY ENGINEERING GROUP	License #	Date of Filling & Sealing (mm/dd/yyyy) 7/14/17	Date Received	Noted By
Street or Route 735 N WATER ST SUITE 510		Telephone Number (414) 224 8300	Comments	
City MILWAUKEE	State WI	ZIP Code 53202	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/14/17