



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of
3. Generator's Mailing Address: GIESE CHEESE FACTORY W 6 1 1 6 COUNTY RD T SHAWANO, WI	Generator's Site Address (If different than mailing): GIESE CHEESE FACTORY W 6 1 1 6 COUNTY RD T SHAWANO, WI SHAWANO		A. Manifest Number WMNA
4. Generator's Phone 414-858-1210	6. US EPA ID Number		B. State Generator's ID
5. Transporter 1 Company Name	8. US EPA ID Number		C. State Transporter's ID
7. Transporter 2 Company Name	10. US EPA ID Number		D. Transporter's Phone
9. Designated Facility Name and Site Address TIMBERLINE TRAIL			E. State Transporter's ID
			F. Transporter's Phone
			G. State Facility ID
			H. State Facility Phone

GENERATOR

11. Description of Waste Materials	12 Containers		13 Total Quantity	14 Unit Wt./Vol	1 Misc Comments
	No	Type			
a. DIESEL FUEL IMPACTED SOIL/DEBRIS WM Profile BIO124579WI	4	Drums			
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above BILL TO:	K. Disposal Location		
	Cell		Level
	Grid		

15. Special Handling Instructions and Additional Information

Purchase Order # _____ EMERGENCY CONTACT / PHONE NO.: 414-858-1210

16. GENERATOR'S CERTIFICATE:
I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name <i>Dave Scale</i>	Signature <i>Dave Scale</i>	Month	Day	Year
		4	18	2016

Timberline Trail
N4581 Hutchinson Rd
Weyerhaeuser, WI, 54895
Ph: (715) 868-7000

Original
Ticket# 965140

Customer Name ENDPOINTSOLUTIONS ENDPOINT SO Carrier End Point
Ticket Date 04/18/2016 Vehicle# 1 Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0000922
State Waste Code Gen EPA ID
Manifest x
Destination Grid
PO
Profile ()
Generator

Time	Scale	Operator	Inbound	Gross	21900 lb*
In 04/18/2016 09:59:25	Scale	dosuldsen		Tare	15300 lb
Out 04/18/2016 10:22:00	Scale	dosuldsen		Net	6600 lb
	* Manual Weight		Tons	3.30	

Comments

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 1000T-MSW	TON	100	3.30	Tons			CHIPPW

Total Tax
Total Ticket

Driver's Signature

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**

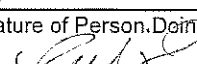
County Shawano	WI Unique Well # of Removed Well _____	Hicap # MW-1	Facility Name Giese Cheese		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W			Facility ID (FID or PWS) _____		
Method Code (see instructions) _____			License/Permit/Monitoring # _____		
1/4 SE	1/4 NE	Section 28	Township 26 N	Range 16	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address W6116 County Road T			Original Well Owner Giese Cheese		
Well City, Village or Town Shawano			Well ZIP Code 54166		
Subdivision Name			Lot #		
Reason For Removal From Service Regulatory Closure			WI Unique Well # of Replacement Well _____		
Present Well Owner Giese Cheese			Mailing Address of Present Owner W6116 County Road T		
City of Present Owner Shawano			State WI	ZIP Code 54166	

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 09/15/2015	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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 10	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?		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			
Depth to Water (feet) 13.40		Required Method of Placing Sealing Material			
5. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Bentonite Chips		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
		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 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
Bentonite Chips	Surface	20	30 pounds	

6. Comments

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Endpoint Solutions Corp		License #	Date of Filling & Sealing (mm/dd/yyyy) 03/22/2016	Date Received	Noted By
Street or Route 6871 S. Lovers Lane			Telephone Number (414) 427-1200	Comments	
City Franklin	State WI	ZIP Code 53132	Signature of Person Doing Work 		Date Signed