

## Letter of Transmittal

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Attention:	Mr. Keld Lauridsen Hydrogeologist, WDNR 2984 Shawano Ave Green Bay, WI 53313	Date:	1/3/2023
Project reference:	Former Buth Oil Facility Site BRRTS No. 02-05-563707	Project number:	60666876

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**We are sending you the following:**

Number of originals:	Number of copies:	Description:
One	Zero	Well Abandonment Documentation

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Mr. Lauridsen,

Attached is documentation (WDNR Form 3300-005) for the abandonment of a post-remediation groundwater monitoring well (GP-08 WIMI-Buth) at the Former Buth Oil Facility Site on the Georgia-Pacific (GP) property in Green Bay Wisconsin. The well was abandoned to facilitate recent facility expansion construction activities.

Submittal of the well abandonment form should complete closure obligations associated with the site.

Please let me know if you have any questions.

Thank you.



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David Henderson, P.E.  
Senior Project Manager  
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Cc: Michael Moore, Georgia-Pacific Broadway LLC  
Jacquelyn Beaulieu, Georgia-Pacific Broadway LLC

**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>Brown</i>	WI Unique Well # of Removed Well <i>WA 697</i>	Hicap #	Facility Name <i>Georgia Pacific Broadway</i>
Latitude / Longitude (see instructions) N _____ W _____			Facility ID (FID or PWS)
Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	
License/Permit/Monitoring # <i>GP-08-WIMI</i>		Original Well Owner <i>Mike Mowc</i>	
Well Street Address <i>1919 S Broadway St</i>		Present Well Owner <i>Mike Mowc</i>	
Well City, Village or Town <i>Green Bay</i>		Mailing Address of Present Owner <i>1919 S Broadway St</i>	
Subdivision Name		City of Present Owner <i>Green Bay</i>	State <i>WI</i>
Well ZIP Code <i>54304</i>		ZIP Code <i>54304</i>	

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

Reason for Removal from Service <i>Construction</i>	WI Unique Well # of Replacement Well	<input checked="" type="checkbox"/> Pump and piping removed?      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Liner(s) removed?      Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Liner(s) perforated?      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Screen removed?      Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Casing left in place?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Was casing cut off below surface?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface?      Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped?      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source?      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 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.)		Casing Diameter (in.) <i>2.05</i>	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) <i>17.9</i>	
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)	

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>Cetco Medium chips</i>	<i>Surface</i>		<i>34 Bags</i>	

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <i>AFCOM</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10/29/22</i>	Date Received	Noted By	
Street or Route <i>2995 S Ridge Rd #B</i>			Telephone Number <i>(920) 475-2333</i>		Comments
City <i>Green Bay</i>	State <i>WI</i>	ZIP Code <i>54304</i>	Signature of Person Doing Work <i>Chad Wilson</i>		Date Signed <i>11/6/23</i>