

Konicek Environmental Consulting LLC

December 24, 2018

John Feeney
Wisconsin Department of Natural Resources
1155 Pilgrim Parkway
Plymouth, WI 53073

Reference: Off-Site Liability Exemption and Liability Clarification Application
Ol' Tyme Cleaners
BRRTS# 02-67-576350
910 S. Main Street
West Bend, WI 53095

Dear Mr. Feeney,

Please see the attached 4400-201 Liability Exemption Application for the 906 S. Main Street Dominos Pizza property as well as the referenced attachments. Laboratory Analytical Reports as well as MW-9 and MW-11 boring information was previously included in 4400-249 Sample Notification Submittals to the WDNR.

KEC completed Historic Property Use Research for the 910 S. Main Street property and surrounding area including a review of Historic City Directories and Aerial Photographs to determine historic property uses. The research indicates the 906 S. Main Street property was first occupied circa 1965 by Emley's Drive In Diner, followed by Sir Donut Shop circa 1977. Aerial photographs reviewed online on the Washington County GIS database indicate the 906 S. Main Street on-site operations did not change from food service from 1977 to present. As such, based on the 906 S. Main Street historic property use and Site Investigation (SI) data collected to date, KEC believes the 906 S. Main Street property is not a source property and should be granted Off-Site Liability Exemption and the 4400-201 Application Form be approved.

Please do not hesitate to call with questions.

Sincerely,

Konicek Environmental Consulting, LLC



Aaron C. Lofberg, Project Manager, B.S. -Geology

Attachments: Table A.1 - Groundwater Analytical Data
Table A.2 - Soil Analytical Results
Table A.4 - Vapor Analytical Table
Table A.6 - Water Level Elevations
Figure B.1.b Detailed Site Map
Figure B.3.b Groundwater Isoconcentration 8/1/18
MW1 thru MW8 & MW10 Boring Logs, Well Construction and Development Forms
Historic City Directory Property Use Research (1959-1977)

Notice: Pursuant to ss. 292.13 and 292.55, Wis. Stats., this application must be completed to request a written determination from the Department of Natural Resources (DNR) for the off-site liability exemption or for the liability clarification regarding property affected by an off-site discharge. The Department will not consider, or act upon your application unless all sections are completed on this form and the required fee of \$700, required under ch. NR 749, Wis. Adm. Code is included. Personal information collected will be used for administrative purposes and may be provided to requester's to the extent required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.]

Definitions:

"Off-Site Exemption" refers to a statutory limit on liability available to a person with respect to the existence of a hazardous substance in the groundwater or soil, including sediments, on Property possessed or controlled by the person, as provided in s. 292.13, Wis. Stats. The off-site exemption is available only to persons who possess or control the affected property, who meet the requirements and criteria in the statutes. DNR provides a written determination regarding liability upon submittal of this application and the required fee.

"General Liability Clarification" refers to a written determination by the Department, as provided in s. 292.55, Wis. Stats., that clarifies the environmental liability of a person, business or another party for a specific situation. General liability clarifications can be provided in situations when the party requesting the clarification does not meet one of the requirements for the off-site exemption at the time of the application submittal, for example, does not yet own the off-site property. This application form should be used to request a written liability clarification **for property affected by an off-site discharge**.

"Property" refers to the subject property that has been impacted by hazardous substances that migrated there from a different property containing the original contamination source. The subject property is often referred to as an "off-site" or "off-source" property.

"Possession or control" refers to holding title to the property or exercising possession or control over the property by some other means, such as a lease.

[NOTE: a person with an easement doesn't have possession or control over the property; the property owner just allows the person to use part of the property for a limited purpose].

Instructions:

- Use this application to request a written determination from the Department for the off-site liability exemption or for the liability clarification regarding **property affected by an off-site discharge**. See DNR's Fact Sheet: "When Contamination Crosses a Property Line - Rights and Responsibilities of Property Owners Off-Site Limited Liability Exemption" (RR-589) for general information on eligibility requirements, liability clarification letters related to the off-site liability exemption, and property owner responsibilities. Information and these publications are available by contacting a DNR office or on the Internet at: <http://dnr.wi.gov/topic/Brownfields>.
- Complete the application and include the information that adequately shows that the required criteria are met. See Section 7 on page 4.
- Include a \$700 fee payment with this application, in accordance with ch. NR 749, Wis. Adm. Code.
- Send the completed application, fee, and supporting materials to the DNR regional office where the Property is located, as listed on page 6. Contact the person listed with any questions.
- Department staff will make every attempt to provide timely written determinations. However, the time required for the determination varies depending on the complexity of the site, and the clarity and completeness of the application and supporting documentation. **Do not use this application form to request liability clarifications for properties without off-site contamination.** Contact one of the DNR regional offices or see the DNR website on the Internet for more information.

1. Applicant information for person requesting the determination.

Applicant Last Name		First		MI
Furger		Gary		
Address		City	State	ZIP Code
5557 Whispering Pines Drive		West Bend	WI	53095
Phone Number (include area code)	Fax Number (include area code)	E-Mail Address		
(262) 893-5922		garyfurger@gmail.com		
Contact for questions (if different than applicant) Last Name		First		MI
Lofberg		Aaron		
Address		City	State	ZIP Code
1032 S. Spring Street		West Bend	WI	53074
Phone Number (include area code)	Fax Number (include area code)	E-Mail Address		
(262) 284-2557		alofberg12@gmail.com		

Off-Site Liability Exemption and Liability Clarification Application

Form 4400-201 (R 11/14)

Page 2 of 6

2. Applicant eligibility for off-site exemption or off-site liability clarification.

Request one determination based on whether the requirements for the off-site exemption are currently met. See page 5 and sign the appropriate certification.

- Off-Site Discharge Exemption** – I "possess or control" the Property and I believe I meet the criteria for an off-site exemption. I request an off-site exemption letter.
- I have completed Section 8a on page 5.
- As the applicant, I am:
- Current owner
- Other* Explain your relationship to the Property or the nature of your possession or control of the Property:

*Additional documentation may be requested by the DNR to verify the applicant's possession or control of the Property. For example, if a lessee requests a determination, DNR would need a copy of the lease by which to assess whether the lessee possesses or controls the Property.

- Off-site Liability Clarification** – I lack one or more of the requirements for the off-site exemption as shown below. I request a liability clarification letter that explains which conditions must be met in order to qualify for the off-site liability exemption.
- I have completed Section 8b on page 5.
- Requirements for the off-site exemption that are missing:
1. Currently I do not possess or control the Property and
- I plan to buy the Property on _____ (Date) or
- I plan to lease the Property on _____ (Date) .
2. Currently no contamination has been detected on the Property but there is credible evidence that contamination has migrated onto the Property.
3. Multiple contiguous properties are believed to be affected by contamination from a known source.
4. Other: Explain the circumstances here or in an attachment.

3. Information on additional parties.

Check the appropriate box to have a copy of the determination letter sent to one or more of these parties:

<input checked="" type="radio"/> Environmental Consultant Lofberg Address 1032 S. Spring Street Phone Number (include area code) (262) 284-2557	First Aaron City Port Washington E-Mail Address alofberg12@gmail.com	MI State WI ZIP Code 53074
<input type="radio"/> Attorney / Other Last Name	First City E-Mail Address	MI State ZIP Code

Off-Site Liability Exemption and Liability Clarification Application

Form 4400-201 (R 11/14)

Page 3 of 6

4. Information on Property affected by off-site discharge

Property / Facility Name Dominos Pizza					County Washington		
Address 906 S. Main Street			City West Bend		State WI	ZIP Code 53095	
Public Land Survey Coordinates			Latitude 43 24 31.3987		Longitude -88 10 53.6334		
Section 23	Range 19	Township 11 N	Datum (check only one): <input type="radio"/> NAD27 <input type="radio"/> NAD83 <input checked="" type="radio"/> 1990 Adjustment			Method	Accuracy

(Attach a list of locations if this request is for multiple properties.)

I request that DNR provide a copy of the Liability Clarification Letter to the current owner.

Current Owner (if different than applicant) Last Name			First		MI	
Address			City		State	ZIP Code
Phone Number (include area code)		Fax Number (include area code)		E-Mail Address		

5. Information about contamination on the impacted Property

A. Have hazardous substances been detected on the Property or Properties?

No. If not, explain why contamination is suspected on the Property or Properties in an attachment or here:

Yes. Check all that apply: Groundwater Soil Sediment Other, describe: _____

B. Has the presence of contamination been reported to any State or local governmental agency?

No.

If yes, check all that apply: DNR Division of Emergency Government Commerce Department of Agriculture, Trade and Consumer Protection (DATCP) Other, describe: form 4400-225 was submitted to the WDNR on 10/22/2015

Date Reported
10/22/2015

C. Is the source of the contamination known? Check only one.

No.

Yes. If yes, what is the source of the contamination?

the 910 S. Main Street source property address - historic dry cleaning operations

Provide the name and address of the owner of the contamination source or source property, if known.

Owner Name RLS of West Bend LLC C/O Robert Seidensticker				
Address 407 Lakeside Ranch Cr		City Winter Haven	State FL	ZIP Code 33881

Suspected. If suspected to be migrating from a nearby source, what is the source and its address?

Provide the name of the owner of the suspected contamination source or source property, if known.

Owner Name				
Address		City	State	ZIP Code

6. Specific liability clarification questions relating to off-site contamination.

- I have no additional liability clarification questions.
- I request a DNR response to the questions provided to clarify my liability for the cleanup of off-site contamination to be included in the written determination (questions should be provided here or in an attachment):
- Given the possibility that this request for an off-site exemption is not granted by the DNR authority. What is, as the 906 S. Main St. property owner' a next step to take with the DNR to come to a conclusive resolution of this seemingly never ending process? What will the time table be to accomplish such a resolution to render this property saleable at full fair market value once again. I wish not to have my spouse nor my descendants have to deal with this situation at hand. Thank you for your consideration.

7. Property information needed for the determination of off-site exemption or off-site liability clarification.

DNR requires adequate information in order to make the determination requested in this application. Incomplete or inadequate information will delay the completion of the determination. DNR has the authority to request additional information, if needed. Include the following information with the application, if appropriate:

1. Map(s) showing Property location(s) and any suspected or known off-site contaminant source properties.
2. For any environmental data submitted, include:
 - a) Property map(s) showing sampling locations for all data submitted;
 - b) Interpretation of data signed by a qualified environmental professional, including data tables and figures that include data;
 - c) Soil boring logs;
 - d) Groundwater monitoring well construction, development and sampling logs;
 - e) Laboratory-provided data reports;
 - f) Survey information for groundwater elevations;
 - g) Chain of custody forms for all samples; and
 - h) Description of sample collection methods.

The submitted materials should document that the statutory criteria are satisfied regarding the contamination and its source as listed in A through C below.

- A. Document that there is hazardous substance contamination present in soil, groundwater and/or sediment on the Property or Properties. Examples of information include: Analytical results and interpretations for samples collected from soil, groundwater, and/or sediment on the Property, or at or near the Property line, that conclusively document the presence of a hazardous substance in one or more of these media on the Property. This information could be documented in a Phase II Environmental Assessment report, or could refer to existing reports in DNR files related to the source property.
- B. Document that the hazardous substance contamination, which is present in soil, groundwater, and/or sediment on the Property or Properties, is migrating onto the Property or Properties from an off-site source. Examples of information include:
 1. Information identifying known or suspected discharges of the hazardous substance on neighboring property(ies), e.g., a Phase I Environmental Assessment report, information in existing reports in DNR files related to the source property.
 2. Soil, groundwater and/or sediment sample data and interpretations adequate to conclude that the hazardous substance is migrating onto the Property or Properties, such as:
 - Samples from monitoring wells located on the upgradient side of the Property or Properties (include information to establish upgradient direction), which show increasing contaminant concentrations toward the upgradient Property or Properties;
 - Off-site investigation results that provide information about groundwater flow direction and contaminant movement that convincingly document hazardous substances from a known or suspected off-site source have impacted the Property or Properties; or
 - A description of the event(s) that caused the deposit or accumulation of contaminated sediment on the affected Property or Properties and a map showing the location of the water body and elevations of the affected Property or Properties and water surface at normal flow and flood stage conditions.
- C. Document that the discharge of a hazardous substance is not from a source on the Property or Properties. Examples of information include:
 1. Information related to historical activities, such as descriptions of chemicals used and handled, areas where chemicals were used and handled, and areas of potential discharges on the Property or Properties, e.g., a Phase I Environmental Assessment report.
 2. Where the types of hazardous substances used, handled, or discharged on the Property or Properties are the same as the hazardous substances migrating onto the Property or Properties, provide environmental information, e.g., expanded Phase II environmental assessment data, including type and volume of hazardous substances handled, generated or stored on the applicant's Property during the period of ownership and/or length of lease, and analytical results and interpretation for soil and groundwater samples collected from potential discharge areas to demonstrate that the contamination migrating onto the Property is separate and distinct from the contamination that may be on the Property.

**Off-Site Liability Exemption and
Liability Clarification Application**

Form 4400-201 (R 11/14)

Page 5 of 6

8. Sign one of the certifications below based on whether the requirements of the off-site exemption are currently met.

8a. Certification if the applicant currently meets all the requirements for the off-site liability exemption.


Applicant Certification for a Determination for the Off-Site Discharge Exemption, as provided in s. 292.13, Wis. Stats.

I certify that I possess or control the Property and have read and am familiar with the information on this application. The information on and included with this application is true, accurate and complete to the best of my knowledge.

I understand that I retain the responsibility for any hazardous substance discharges that I caused or cause, and for any discharges whose source I possess or control on the Property or on other properties.

I believe that I meet the criteria in s. 292.13, Wis. Stats., with respect to the fact that I never controlled or possessed either the source property itself, or the hazardous substances that have migrated onto the Property from the source property, nor did I cause the hazardous substance discharge for which I am seeking this written exemption.

I understand that if I fail to satisfy the statutory requirements in s. 292.13, Wis. Stats., such as failing to provide access to the Property, the DNR has the authority to revoke the off-site exemption for the Property.

Applicant Last Name	First	MI
Furger	Gary	
Signature	Date Signed	
	12/21/2018	

8b. Certification if applicant has not currently met all the conditions for the off-site exemption.

Applicant Certification for a Determination for Liability Clarification, as provided in s. 292.55, Wis. Stats.

I certify that I have read and am familiar with the information on this application and that the information on and included with this application is true, accurate and complete to the best of my knowledge.

I understand that I retain the responsibility for any hazardous substance discharges that I caused or cause, and for any discharges whose source I possess or control on the Property or Properties or on other properties.

It is my understanding that I have not met all the conditions for the off-site exemption at the time of this application, but I request a liability clarification determination that includes the conditions under which I or others would become eligible for the off-site discharge exemption for the Property or Properties, if I were to meet all the criteria under s. 292.13, Wis. Stats. I believe that I meet the criteria regarding the source of the contamination and the source property in s. 292.13, Wis. Stats., with respect to the fact that I never controlled or possessed either the source property itself, or the hazardous substances that have migrated onto the Property or Properties from the source property, nor did I cause the hazardous substance discharge for which I am seeking this written exemption.

I understand that if I meet the criteria in s. 292.13, Wis. Stats., and obtain the off-site liability exemption, but subsequently fail to satisfy the statutory requirements in s. 292.13, Wis. Stats., such as failing to provide access to the Property, the DNR has the authority to revoke the off-site exemption for the Property.

Applicant Last Name	First	MI
Signature	Date Signed	

Off-Site Liability Exemption and Liability Clarification Application

Form 4400-201 (R 11/14)

Page 6 of 6

9 DNR contacts and addresses for application submittals.

Send or deliver the completed request, supporting materials, and fee to the region where the property is located. Contact a DNR Regional Brownfield Specialist with any questions about this form or a specific situation involving a contaminated property

DNR NORTHERN REGION
 Attn: RR Program Assistant
 Department of Natural Resources
 223 E Steinfest Rd Antigo, WI 54409

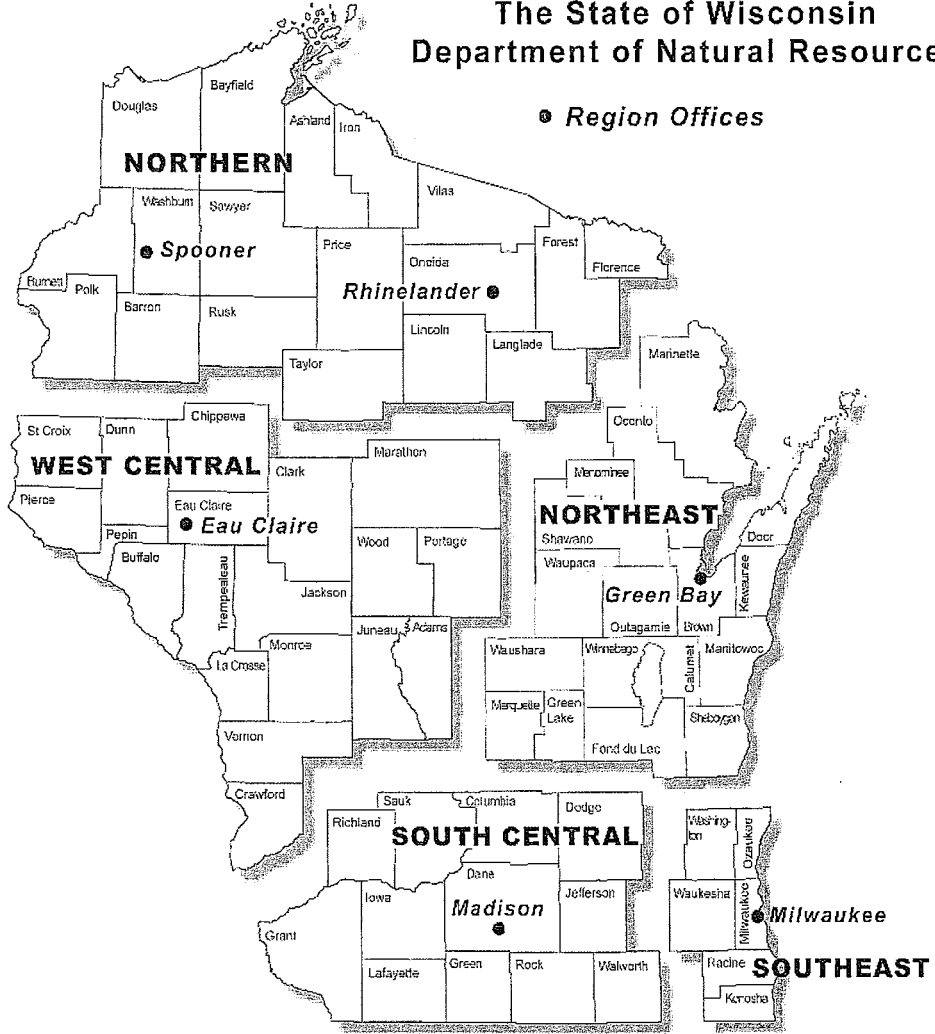
DNR NORTHEAST REGION
 Attn: RR Program Assistant
 Department of Natural Resources
 2984 Shawano Avenue
 Green Bay WI 54313

DNR SOUTH CENTRAL REGION
 Attn: RR Program Assistant
 Department of Natural Resources
 3911 Fish Hatchery Road
 Fitchburg WI 53711

DNR SOUTHEAST REGION
 Attn: RR Program Assistant
 Department of Natural Resources
 2300 North Martin Luther King Drive
 Milwaukee WI 53212

DNR WEST CENTRAL REGION
 Attn: RR Program Assistant
 Department of Natural Resources
 1300 W Clairemont Avenue
 Eau Claire WI 54702

The State of Wisconsin Department of Natural Resources



Note: These are the Remediation and Redevelopment Program's designated regions. Other DNR program regional boundaries may be different.

For DNR Office Use Only

Date Received	BRRTS Activity Name	BRRTS Activity Code
Date Assigned	DNR Reviewer	BRRTS FID No. (if used)
Comments	Fee Enclosed <input type="radio"/> Yes <input type="radio"/> No	
Date Approved	Date Additional Information Requested	Date Withdrawn
Date Denied		

**Table A.2. Soil Analytical Results
OJ Tyme Dry Cleaners
910 S. Main Street West Bend, WI**

Sample ID: Sample Depth (ft BGS) Sample Date:	NR 720.10				NR 720.12				GP-1	GP-2	GP-3	GP-4	MW-1	MW-1	MW-2	MW-2	MW-3	MW-3	MW-4	MW-4	MW-5	MW-5	MW-6	MW-6	MW-7	MW-7	MW-8	MW-8	MW-10	MW-10	MW-9	MW-9	MW-11	MW-11	
	EPA RSL	EPA RSL			Industrial RCLs			2-4'	2-4'	2-4'	2-4'	2-4'	15'	2-4'	15'	10'	15'	10'	15'	10'	15'	2-4'	6-8'	2-4'	6-8'	2-4'	9-10'	2-4'	8-9'	2-4'	8-9'	2-4'	11-12'		
Soil Type	RCL	Non-Industrial RCL			Industrial RCLs			8/14/15	8/14/15	8/14/15	8/14/15	10/12/15	10/12/15	10/12/15	10/12/15	10/12/15	10/12/15	10/12/15	10/12/15	10/12/15	10/12/15	3/23/17	3/23/17	3/23/17	3/23/17	3/23/17	3/23/17	7/25/17	7/25/17	7/25/17	7/25/17	3/28/18	3/28/18	3/28/18	3/28/18
Lab Reported Parameters	GW Protection (DF=2)	NC	C	DC	BTV	NC	C	DC																											
VOCs (ug/kg)																																			
Benzene	5.1	111000	1490	1490	---	614000	7410	7410	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Bromobenzene	---	354000	---	354000	---	2410000	---	679000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Bromochloromethane	---	232000	---	232000	---	976000	---	976000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Bromodichloromethane	0.3	1560000	390	390	---	20400000	1960	1960	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Bromoform	2.3	1220000	61500	61500	---	20400000	115000	115000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Bromomethane	5.1	10300	---	10300	---	46000	---	46000	<84.2	<81.3	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	<69.9	
2-Butanone (MEK)	1666.1	31800000	---	28400000	---	248000000	---	28400000	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	<107	
n-Butylbenzene	---	3910000	---	108000	---	51100000	---	108000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
sec-Butylbenzene	---	7820000	---	145000	---	102000000	---	145000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
tert-Butylbenzene	---	7820000	---	183000	---	102000000	---	183000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Carbon tetrachloride	3.9	137000	854	854	---	815000	4250	4250	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Chlorobenzene (monochlorobenzene)	135.8	392000	---	392000	---	1980000	---	761000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Chloroethane	226.6	---	---	---	---	---	---	---	<80.7	<77.9	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	<67.0	
Chloroform	3.3	272000	423	423	---	1490000	2130	2130	<56.0	<54.0	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	<46.4	
Chloromethane	15.5	171000	---	171000	---	720000	---	720000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
2-Chlorotoluene	---	1560000	---	907000	---	20400000	---	907000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
4-Chlorotoluene	---	1560000	---	253000	---	20400000	---	253000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
1,2-Dibromo-3-chloropropane	0.2	6230	8	8	---	35900	99	99	<110	<106	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	<91.2	
Dibromochloromethane	32	1220000	933	933	---	20400000	4820	4820	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
1,2-Dibromoethane (EDB)	0.0282	107000	47	47	---	501000	230	230	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Dibromomethane	---	35000	---	35000	---	151000	---	151000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
1,2-Dichlorobenzene	1168	2460000	---	376000	---	13800000	---	376000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
1,3-Dichlorobenzene	1152.8	---	---	297000	---	---	---	297000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
1,4-Dichlorobenzene	144	3900000	3480	3480	---	31700000	17500	17500	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
Dichlorodifluoromethane	3086.3	135000	---	135000	---	571000	---	571000	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
1,1-Dichloroethane	482.8	15600000	4720	4720	---	204000000	23700	23700	<30.1	<29.1	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	<25.0	
1,2-Dichloroethane	2.8	46700	608	608	---	210000																													

Table A.4. Vapor Analytical Table
BRRTS#: 02-57-576350
O' Tyme Cleaners
910 S. Main Street West Bend, WI 53095

Sample Location:	Subslab Vapor Samples					Ambient Air Samples				Vapor Risk Screening Level (VRSL) of Indoor Air concentrations from sub-slab vapor		Vapor Action Level (VAL) for Indoor Air		
	V-1 (East)		V-2 (West)		V-5 (Dominos Building)	V-3 (Indoor Air)		V-4 (Outside Air)		Residential (1-in-100,000 risk for carcinogens) AF = 0.03	Non-Residential (1-in-100,000 risk for carcinogens) AF = 0.01	Residential Ambient Air (1-in-100,000 risk for carcinogens)	Non-Residential Ambient Air (1-in-100,000 risk for carcinogens)	
Sample Identification:														
Date:	2/17/16	7/29/16	2/17/16	7/29/16	3/16/18	2/17/16	7/29/16	2/17/16	7/29/16					
Units:	µg/m ³	ug/m ³	µg/m ³	ug/m ³	ug/m ³	µg/m ³	ug/m ³	µg/m ³	ug/m ³	µg/m ³	µg/m ³	µg/m ³	µg/m ³	
cis-1,2-Dichloroethene	<0.33	<0.43	<0.33	0.79J	<0.61	<0.055	<0.45	<0.055	<0.45	---	---	---	---	---
trans-1,2-Dichloroethene	<0.51	2.3	<0.51	<0.74	<0.53	<0.055	<0.70	<0.055	<0.70	---	---	---	---	---
Tetrachloroethene	<u>3310</u>	215000	340	2270	0.64 J	13.9	6.3	<0.46	22.2	1400.0	18000.0	42	180	nc
Trichloroethene	28.7	1200	6.1	37.4	0.81 J	<0.37	<0.51	<0.37	<0.51	70.0	880.0	2.1	8.8	nc
Vinyl Chloride	<0.26	<0.34	<0.26	<0.37	<0.23	<0.036	<0.36	<0.036	<0.36	56.7	2800.0	1.7	28	c

Notes:

µg/m³ - micrograms per cubic meter

Bold concentrations exceed the applicable Non-Residential Standard

Italicised and Underlined concentrations exceed the applicable Residential Standard

Action levels obtained from the June 2017 Vapor Action Levels Quick Look-Up Table and the June 2017 Vapor Intrusion Screening Level (VISL) Calculator

Samples were collected by Konicek Environmental Consultants LLC

*... * concentrations exceed the Deep Soil Gas Standards

--- - no standard established

N/A - not applicable

**Table A.6 Water Level Elevations
Ol' Tyme Dry Cleaners
BRRTS#: 02-67-576350
910 S. Main Street West Bend, WI**

Project: Ol' Tyme Dry Cleaners Page: 1 of 1
 Measurements Taken By: Konicek Environmental Consulting LLC Device: Heron Groundwater Level Meter





Well Number	Date	Depth to Groundwater (feet)	Well Depth (feet)	Water Column Height (feet)	Top PVC Reference Elevation (feet)	Ground Surface Elevation (feet)	Groundwater Elevation (feet)	Comments
MW-1	10/16/15	3.83	12.12	8.29	934.04	934.60	930.21	
MW-2	10/16/15	6.46	14.78	8.32	934.81	935.41	928.35	
MW-3	10/16/15	7.68	14.64	6.96	934.23	934.77	926.55	
MW-4	10/16/15	7.34	14.88	7.54	934.27	934.84	926.93	
MW-1	11/16/15	3.51	12.12	8.61	934.04	934.60	930.53	
MW-2	11/16/15	6.17	14.78	8.61	934.81	935.41	928.64	
MW-3	11/16/15	7.68	14.64	6.96	934.23	934.77	926.55	
MW-4	11/16/15	7.31	14.88	7.57	934.27	934.84	926.96	
MW-1	01/15/16	3.52	12.12	8.60	934.04	934.60	930.52	
MW-2	01/15/16	5.95	14.78	8.83	934.81	935.41	928.86	
MW-3	01/15/16	7.42	14.64	7.22	934.23	934.77	926.81	
MW-4	01/15/16	6.91	14.88	7.97	934.27	934.84	927.36	
MW-1	04/09/16	3.03	12.12	9.09	934.04	934.60	931.01	
MW-2	04/09/16	5.32	14.78	9.46	934.81	935.41	929.49	
MW-3	04/09/16	6.78	14.64	7.86	934.23	934.77	927.45	
MW-4	04/09/16	6.19	14.88	8.69	934.27	934.84	928.08	
MW-1	07/29/16	3.52	12.12	8.60	934.04	934.60	930.52	
MW-2	07/29/16	5.98	14.78	8.80	934.81	935.41	928.83	
MW-3	07/29/16	7.56	14.64	7.08	934.23	934.77	926.67	
MW-4	07/29/16	7.19	14.88	7.69	934.27	934.84	927.08	
MW-1	03/27/17	2.73	12.12	9.39	934.04	934.60	931.31	
MW-2	03/27/17	5.44	14.78	9.34	934.81	935.41	929.37	
MW-3	03/27/17	6.82	14.64	7.82	934.23	934.77	927.41	
MW-4	03/27/17	6.23	14.88	8.65	934.27	934.84	928.04	
MW-5	03/27/17	6.98	14.81	7.83	934.85	935.03	927.87	
MW-6	03/27/17	7.23	14.75	7.52	934.22	934.81	926.99	
MW-7	03/27/17	8.91	12.36	3.45	935.76	935.94	926.85	
MW-1	04/11/17	2.95	12.12	9.17	934.04	934.60	931.09	
MW-2	04/11/17	5.49	14.78	9.29	934.81	935.41	929.32	
MW-3	04/11/17	6.87	14.64	7.77	934.23	934.77	927.36	
MW-4	04/11/17	6.42	14.88	8.46	934.27	934.84	927.85	
MW-5	04/11/17	7.03	14.81	7.78	934.85	935.03	927.82	
MW-6	04/11/17	7.06	14.75	7.69	934.22	934.81	927.16	
MW-7	04/11/17	8.55	12.36	3.81	935.76	935.94	927.21	
MW-8	08/01/17	7.66	14.95	7.29	934.11	934.35	926.45	
MW-10	08/01/17	7.74	14.93	7.19	934.22	934.53	926.48	
MW-1	09/29/17	4.24	12.12	7.88	934.04	934.60	929.80	Samples not taken
MW-2	09/29/17	6.40	14.78	8.38	934.81	935.41	928.41	" "
MW-3	09/29/17	7.85	14.64	6.79	934.23	934.77	926.38	" "
MW-4	09/29/17	7.61	14.88	7.27	934.27	934.84	926.66	" "
MW-5	09/29/17	7.55	14.81	7.26	934.85	935.03	927.30	" "
MW-6	09/29/17	8.20	14.75	6.55	934.22	934.81	926.02	" "
MW-7	09/29/17	9.80	12.36	2.56	935.76	935.94	925.96	" "
MW-8	09/29/17	8.16	14.95	6.79	934.11	934.35	925.95	" "
MW-10	09/29/17	8.29	14.93	6.64	934.22	934.53	925.93	" "
MW-1	05/01/18	2.92	12.12	9.20	934.04	934.60	931.12	
MW-2	05/01/18	5.58	14.78	9.20	934.81	935.41	929.23	
MW-3	05/01/18	7.32	14.64	7.32	934.23	934.77	926.91	
MW-4	05/01/18	6.64	14.88	8.24	934.27	934.84	927.63	
MW-5	05/01/18	7.31	14.81	7.50	934.85	935.03	927.54	
MW-6	05/01/18	7.78	14.75	6.97	934.22	934.81	926.44	
MW-7	05/01/18	9.32	12.36	3.04	935.76	935.94	926.44	
MW-8	05/01/18	7.81	14.95	7.14	934.11	934.35	926.30	
MW-9	05/01/18	8.61	14.88	6.27	934.57	934.76	925.96	
MW-10	05/01/18	8.05	14.93	6.88	934.22	934.53	926.17	
MW-11	05/01/18	10.06	14.86	4.80	935.93	936.13	925.87	
MW-1	08/01/18	3.75	12.12	8.37	934.04	934.60	930.29	
MW-2	08/01/18	5.88	14.78	8.90	934.81	935.41	928.93	
MW-3	08/01/18	7.72	14.64	6.92	934.23	934.77	926.51	
MW-4	08/01/18	7.35	14.88	7.53	934.27	934.84	926.92	
MW-5	08/01/18	7.89	14.81	6.92	934.85	935.03	926.96	
MW-6	08/01/18	8.21	14.75	6.54	934.22	934.81	926.01	
MW-7	08/01/18	9.75	12.36	2.61	935.76	935.94	926.01	
MW-8	08/01/18	8.23	14.95	6.72	934.11	934.35	925.88	
MW-9	08/01/18	8.83	14.88	6.05	934.57	934.76	925.74	
MW-10	08/01/18	8.33	14.93	6.60	934.22	934.53	925.89	
MW-11	08/01/18	10.26	14.86	4.60	935.93	936.13	925.67	

Notes: The depth to groundwater, well depth and water column height are measured in the field from the reference elevation which along with the ground surface elevation are from the actual survey data. The groundwater elevation shown is in reference to the top of the PVC and is calculated from field and survey data. The survey benchmark is the top of the bottom flange of the fire hydrant located near the southeast corner of the subject site property and has a calculated mean sea level (MSL) elevation of 936.53. The elevation was calculated from a municipal sanitary manhole with a known 934.31 MSL elevation. The manhole is located in the S. Main Street right-of-way.

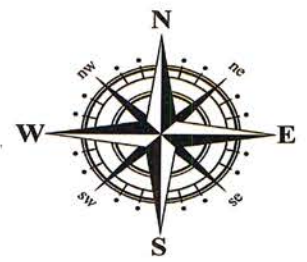


Scale: 1" = 105 feet (scale is approximate)

Legend

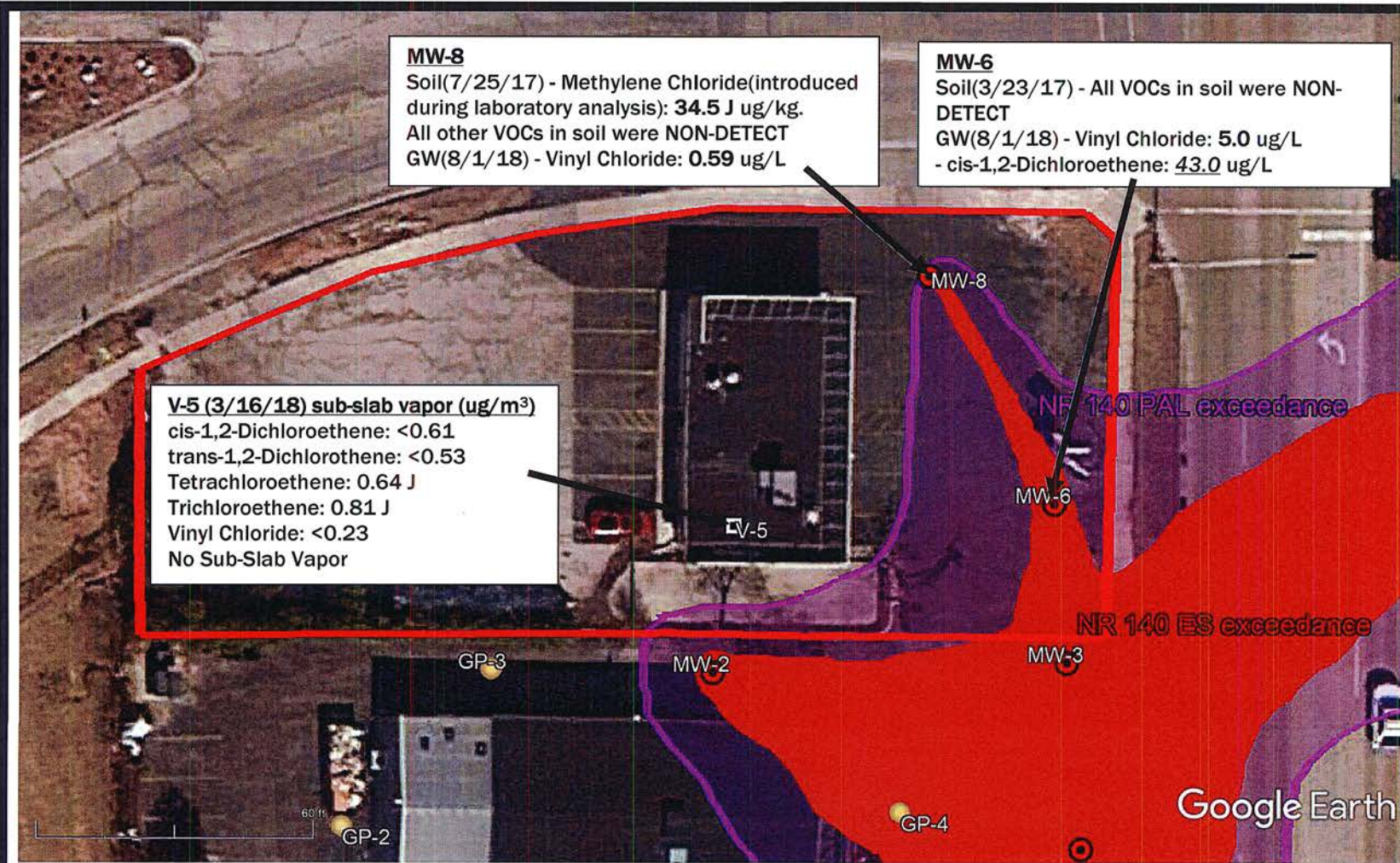
-  - Groundwater monitoring well location (MW)
-  - Former/Abandoned MW-9
-  - Soil probe location (GP)
-  - Vapor sample location (V)

*Note: V-1, V-2 and V-5 are sub-slab sample locations, and V-3 and V-4 are ambient air sample locations



**Konicek
Environmental
Consulting, LLC**
Created by: AL
Date: 4/10/2018

Figure B.1.b. Detailed Site Map
Ol'Tyme Dry Cleaners
BRRTS: 02-67-576350
910 S. Main Street West Bend, WI






MW-8
 Soil(7/25/17) - Methylene Chloride(introduced during laboratory analysis): **34.5 J ug/kg.**
 All other VOCs in soil were NON-DETECT
 GW(8/1/18) - Vinyl Chloride: **0.59 ug/L**

MW-6
 Soil(3/23/17) - All VOCs in soil were NON-DETECT
 GW(8/1/18) - Vinyl Chloride: **5.0 ug/L**
 - cis-1,2-Dichloroethene: **43.0 ug/L**

V-5 (3/16/18) sub-slab vapor (ug/m³)
 cis-1,2-Dichloroethene: <0.61
 trans-1,2-Dichloroethene: <0.53
 Tetrachloroethene: 0.64 J
 Trichloroethene: 0.81 J
 Vinyl Chloride: <0.23
 No Sub-Slab Vapor

Scale: 1" = 36 feet (scale is approximate)

Legend

-  - Groundwater monitoring well location (MW)
-  - Soil probe location (GP)
-  - Vapor sample location (V)



Konicek Environmental Consulting, LLC
 Created by: AL
 Date: 12/24/18

Figure B.3.b Groundwater Isoconcentration 8/1/18
 O'Tyme Dry Cleaners
 BRRTS: 02-67-576350
 910 S. Main Street West Bend, WI

Konicek Environmental Consulting LLC Soil Boring Log

Project name Ol' Tyme Cleaners		Project # 1508077	Boring # MW-2
Start date 10/12/15	Completion date 10/12/15	Drilling method Hollow Stem Auger	borehole diameter 2.0
Drilling firm / crew Horizon Construction (Adam)			Weather conditions Warm and cloudy
comments			

Boring Location SW ¼ NE ¼ of Section 23 Township 11 N, Range 19 E

PID	Blow count	depth	MATERIAL DESCRIPTION	% solid	Pocket pen
		0	Asphalt		
		1	Fill		
		2			
	**	3	Brown sandy silt and gravel		
		4			
		5			
		6			
		7			
		8			
		9			
		10	Brown sandy silt (wet)		
		11			
		12	Grey silty clay (wet)		
		13			
	**	14			
		15	End of boring at 15 feet		
			Well set at 16 ft		
			** - soil sample submitted for laboratory analysis		

The soil strata changes indicated by the lines are approximate and the actual transition maybe more gradual. I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: *Adam Hickey*

Date *10/26/15*

Konicek Environmental Consulting LLC Soil Boring Log

Project name Ol' Tyme Cleaners		Project # 1508077		Boring # MW-3	
Start date 10/12/15		Completion date 10/12/15		Drilling method Hollow Stem Auger	
Drilling firm / crew Horizon Construction (Adam)		borehole diameter 2.0			
Weather conditions Warm and cloudy				comments	

Boring Location SW ¼ NE ¼ of Section 23 Township 11 N, Range 19 E

PID	Blow count	depth	MATERIAL DESCRIPTION	% solid	Pocket pen
		0	Asphalt		
		1	Fill		
		2			
	**	3	Grey silty clay		
		4			
		5	Brown clayey silt		
		6			
		7			
		9			
		10	Brown silty clay (moist)		
		11			
		12	Brown silty clay (wet)		
		13	Grey clayey silt (wet)		
	**	14			
		15	End of boring at 15 feet		
			Well set at 16 ft		
			** - soil sample submitted for laboratory analysis		

The soil strata changes indicated by the lines are approximate and the actual transition maybe more gradual. I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature:



Date

10/26/15

Page 1 of 1

Konicek Environmental Consulting LLC Soil Boring Log

Project name Ol' Tyme Cleaners		Project # 1508077	Boring # MW-4
Start date 10/12/15	Completion date 10/12/15	Drilling method Hollow Stem Auger	borehole diameter 2.0
Drilling firm / crew Horizon Construction (Adam)			Weather conditions Warm and cloudy
comments			

Boring Location SW $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 23 Township 11 N, Range 19 E

PID	Blow count	depth	MATERIAL DESCRIPTION	% solid	Pocket pen
		0	Asphalt		
		1	Fill		
		2			
	**	3	Brown sandy silt with gravel		
		4			
		5	Brown sandy silt		
		6			
		7	Brown sandy clay		
		8			
		9			
		10	Brown silty sand (moist)		
		11			
		12	Brown sandy silt (wet/odor)		
		13	Brown silty clay (wet)		
		14	Grey silty clay (wet)		
	**	15			
			End of boring at 15 feet		
			Well set at 16 ft		
			** - soil sample submitted for laboratory analysis		

The soil strata changes indicated by the lines are approximate and the actual transition maybe more gradual. I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: 

Date **10/26/15**

Facility/Project Name Oil Type Cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-1
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID	Lat. _____ " Long. _____ " or	Date Well Installed 10/12/2015 m m d d y y v v y
Type of Well Well Code _____	St. Plane _____ ft. N, _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm Adam Sweet
Distance from Waste/Source _____ ft. Enf. Stds. Apply <input type="checkbox"/>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Gov. Lot Number _____
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Horizon

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: NSF Sand top of Bentonite Bentonite <input checked="" type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. NSF b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 2 ft.	10. Screen material: a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 4 ft.	b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.
G. Filter pack, top _____ ft. MSL or 3 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 5 ft.	
I. Well bottom _____ ft. MSL or 15 ft.	
J. Filter pack, bottom _____ ft. MSL or 15 ft.	
K. Borehole, bottom _____ ft. MSL or 16 ft.	
L. Borehole, diameter 2 in.	
M. O.D. well casing _____ in.	
N. I.D. well casing _____ in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature **MSB**

Firm **Konicek Environmental Consulting, L.L.C**

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Oil Type Cleaners</u>	County Name <u>Washington</u>	Well Name <u>MW-1</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other

3. Time spent developing well 210 min.

4. Depth of well (from top of well casing) 121 ft.

5. Inside diameter of well 2 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 110 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

17. Additional comments on development:

11. Depth to Water (from top of well casing)

	Before Development	After Development
a.	<u>3.83</u> ft.	<u>3.85</u> ft.

Date b. 10/16/2015 10/16/2015
m m d d y y y y m m d d y y y y

Time c. 11:30 a.m. p.m. 3:00 a.m. p.m.

12. Sediment in well bottom _____ inches _____ inches

13. Water clarity

	Before Development	After Development
Clear	<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 20
Turbid	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2.5
(Describe)		

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids _____ mg/l _____ mg/l

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: Mike Last Name: Konicek

Firm: Konicek Environmental Consulting, LLC

Name and Address of Facility Contact /Owner/Responsible Party

First Name: _____ Last Name: _____

Facility/Firm: _____

Street: _____

City/State/Zip: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]

Print Name: Mike Konicek

Firm: KEC, LLC

Facility/Project Name: Oil Type Cleaners
 Local Grid Location of Well: _____ ft. N. E. S. W.
 Well Name: MW-2
 Facility License, Permit or Monitoring No.: _____
 Local Grid Origin (estimated:) or Well Location:
 Wis. Unique Well No.: _____ DNR Well ID No.: _____
 Facility ID: _____
 St. Plane _____ ft. N. _____ ft. E. S/C/N
 Date Well Installed: 10/12/2015
 m m d d y y v v v y
 Well Installed By: Name (first, last) and Firm
Adam Sweet
Horizon
 Type of Well: _____
 Well Code: 1
 Section Location of Waste/Source: _____
 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ E W
 Location of Well Relative to Waste/Source: _____
 u Upgradient s Sidegradient
 d Downgradient n Not Known
 Gov. Lot Number: _____
 Distance from Waste/Source _____ ft. EnF. Stds. Apply

A. Protective pipe, top elevation _____ ft. MSL
 B. Well casing, top elevation _____ ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No
 14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other
 15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99
 16. Drilling additives used? Yes No
 Describe _____
 17. Source of water (attach analysis, if required): _____

1. Cap and lock? Yes No
 2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 04
 Other
 d. Additional protection? Yes No
 If yes, describe: _____
 3. Surface seal:
 Bentonite 30
 Concrete 01
 Other
 4. Material between well casing and protective pipe:
 Bentonite 30
 NSF Sand top of Bentonite Other
 5. Annular space seal:
 a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight... Bentonite slurry 31
 d. _____ % Bentonite... Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
 6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. Other
 7. Fine sand material: Manufacturer, product name & mesh size
 a. NSF
 b. Volume added _____ ft³
 8. Filter pack material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
 10. Screen material:
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer _____
 c. Slot size: _____ in.
 d. Slotted length: _____ ft.
 11. Backfill material (below filter pack): None 14
 Other

E. Bentonite seal, top _____ ft. MSL or 7 ft.
 F. Fine sand, top _____ ft. MSL or 4 ft.
 G. Filter pack, top _____ ft. MSL or 5 ft.
 H. Screen joint, top _____ ft. MSL or 5 ft.
 I. Well bottom _____ ft. MSL or 15 ft.
 J. Filter pack, bottom _____ ft. MSL or 15 ft.
 K. Borehole, bottom _____ ft. MSL or 16 ft.
 L. Borehole, diameter 2 in.
 M. O.D. well casing _____ in.
 N. I.D. well casing _____ in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature: [Signature] Firm: Konicek Environmental Consulting, L.L.C.

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 150, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Oil Type Cleaners	County Name Washington	Well Name MW-2
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other

3. Time spent developing well 175 min.

4. Depth of well (from top of well casing) 148 ft.

5. Inside diameter of well 2 in.

6. Volume of water in filter pack and well casing 8 gal.

7. Volume of water removed from well 80 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

17. Additional comments on development:

11. Depth to Water (from top of well casing)

	Before Development	After Development
a. _____ ft.	<u>6.46</u> ft.	<u>6.78</u> ft.

Date b. 10/16/2015 10/16/2015
m m d d y y y y m m d d y y y y

Time c. 12:10 a.m. p.m. 3:05 a.m. p.m.

12. Sediment in well bottom _____ inches _____ inches

13. Water clarity

	Before Development	After Development
Clear <input checked="" type="checkbox"/> 10	Clear <input checked="" type="checkbox"/> 20	
Turbid <input type="checkbox"/> 15	Turbid <input type="checkbox"/> 25	
(Describe)	(Describe)	

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids _____ mg/l _____ mg/l

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: Mike Last Name: Konidek

Firm: Konidek Environmental Consulting, LLC

Name and Address of Facility Contact/Owner/Responsible Party

First Name: _____ Last Name: _____

Facility/Firm: _____

Street: _____

City/State/Zip: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]

Print Name: Mike Konidek

Firm: KEC, LLC

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Oil Type cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-3
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____ " or _____ "	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed 10/12/2015 m m d d y y y y
Type of Well Well Code 1	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Adam Sweet Horizon
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____
Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		

A. Protective pipe, top elevation ----- 0 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation ----- 0 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation ----- 0 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom ----- 1 ft. MSL or ----- 1 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input checked="" type="checkbox"/> NSF Sand top of Bentonite
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	7. Fine sand material: Manufacturer, product name & mesh size a. NSF b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top ----- 2 ft. MSL or ----- 2 ft.	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top ----- 4 ft. MSL or ----- 4 ft.	10. Screen material: a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top ----- 5 ft. MSL or ----- 5 ft.	b. Manufacturer _____ c. Slot size: _____ 0. _____ in. d. Slotted length: _____ ft.
H. Screen joint, top ----- 5 ft. MSL or ----- 5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
I. Well bottom ----- 15 ft. MSL or ----- 15 ft.	
J. Filter pack, bottom ----- 15 ft. MSL or ----- 15 ft.	
K. Borehole, bottom ----- 16 ft. MSL or ----- 16 ft.	
L. Borehole, diameter ----- 2 in.	
M. O.D. well casing ----- in.	
N. I.D. well casing ----- in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature **MSF** Firm **Konicek Environmental Consulting, L.L.C**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 285, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Oil Type Cleaners	County Name Washington	Well Name MW-3
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No
2. Well development method
- 41 surged with bailer and bailed
 - 61 surged with bailer and pumped
 - 42 surged with block and bailed
 - 62 surged with block and pumped
 - 70 surged with block, bailed and pumped
 - 20 compressed air
 - 10 bailed only
 - 51 pumped only
 - 50 pumped slowly
 - Other _____
3. Time spent developing well 145 min.
4. Depth of well (from top of well casing) 14.6 ft.
5. Inside diameter of well 2 in.
6. Volume of water in filter pack and well casing _____ gal.
7. Volume of water removed from well 6.0 gal.
8. Volume of water added (if any) _____ gal.
9. Source of water added _____
10. Analysis performed on water added? Yes No
(If yes, attach results)

- | | Before Development | After Development |
|---|--|--|
| 11. Depth to Water (from top of well casing) | a. <u>7.68</u> ft. | <u>8.16</u> ft. |
| Date | b. <u>10/16/2015</u>
m m d d y y y y | <u>10/16/2015</u>
m m d d y y y y |
| Time | c. <u>12:50</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. | <u>3:15</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. |
| 12. Sediment in well bottom | _____ inches | _____ inches |
| 13. Water clarity | Clear <input checked="" type="checkbox"/> 10
Turbid <input type="checkbox"/> 15
(Describe) | Clear <input checked="" type="checkbox"/> 20
Turbid <input type="checkbox"/> 25
(Describe) |
| Fill in if drilling fluids were used and well is at solid waste facility: | | |
| 14. Total suspended solids | _____ mg/l | _____ mg/l |
| 15. COD | _____ mg/l | _____ mg/l |

16. Well developed by: Name (first, last) and Firm
 First Name: Mike Last Name: Konidek
 Firm: Konidek Environmental Consulting, LLC

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

First Name: _____ Last Name: _____
 Name: _____ Name: _____

Facility/Firm: _____

Street: _____

City/State/Zip: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]

Print Name: Mike Konidek

Firm: KEC, LLC

NOTE: See instructions for more information including a list of county codes and well type codes.

Facility/Project Name Oil Type cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-4
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed 10/12/2015 m m d d y y y y
Type of Well Well Code 1	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N.R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Adam Sweet Horizon
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____
	Location of Well Relative to Waste/Source n <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 NSF Sand top of Bentonite <input checked="" type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	7. Fine sand material: Manufacturer, product name & mesh size a. NSF b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	10. Screen material: a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or _____ ft.	b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.
H. Screen joint, top _____ ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or _____ ft.	
J. Filter pack, bottom _____ ft. MSL or _____ ft.	
K. Borehole, bottom _____ ft. MSL or _____ ft.	
L. Borehole, diameter _____ in.	
M. O.D. well casing _____ in.	
N. I.D. well casing _____ in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *[Signature]* Firm **Konicek Environmental Consulting, L.L.C**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Oil Type Cleaners</u>	County Name <u>Washington</u>	Well Name <u>MW-4</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other

3. Time spent developing well 125 min.

4. Depth of well (from top of well casing) 14.9 ft.

5. Inside diameter of well 2 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 7.0 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	<u>7.34</u> ft.	<u>10.23</u> ft.
Date	<u>10/16/2015</u>	<u>10/16/2015</u>
Time	<u>1:20</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>3:25</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.

12. Sediment in well bottom _____ inches

13. Water clarity

Clear <input checked="" type="checkbox"/> 10	Clear <input checked="" type="checkbox"/> 20
Turbid <input type="checkbox"/> 15	Turbid <input type="checkbox"/> 25
(Describe)	(Describe)

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids _____ mg/l

15. COD _____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Mike Last Name: Konidek
 Firm: Konidek Environmental Consulting, LLC

Name and Address of Facility Contact/Owner/Responsible Party

First Name: _____ Last Name: _____

Facility/Firm: _____

Street: _____

City/State/Zip: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]

Print Name: Mike Konidek

Firm: KEC, LLC

NOTE: See instructions for more information including a list of county codes and well type codes.


Konicek Environmental Consulting LLC Soil Boring Log

Project name Ol' Tyme Cleaners		Project # 1508077	Boring # MW-6
Start date 03/23/17	Completion date 03/23/17	Drilling method	borehole diameter 2.0
Drilling firm / crew Giles (Jim)			Weather conditions cool and cloudy
comments			

Boring Location SW NE of Section Township N, Range E

PID	Blow count	depth	MATERIAL DESCRIPTION	% solid	Pocket pen
		0	Asphalt		
		1	Brown silty clay		
		2			
	**	3			
		4	Brown silty clay		
		5			
		6			
		7	Grey silty clay (moist)		
	**	8			
		9			
		10	Brown silty sand (wet)		
		11			
		12			
		13	Brown silty sand (wet)		
		14			
		15	Grey silty clay		
		16	End of boring at 15 feet		
			Well set at 15 feet		
			** - soil sample submitted for laboratory analysis		

The soil strata changes indicated by the lines are approximate and the actual transition maybe more gradual. I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature:  Date **3/23/17** Page 1 of 1

**Konicek Environmental Consulting LLC
Soil Boring Log**

Project name Ol' Tyme Cleaners		Project # 1508077		Boring # MW-7	
Start date 03/23/17		Completion date 03/23/17		Drilling method	
Drilling firm / crew Giles (Jim)		borehole diameter 2.0			
comments					Weather conditions cool and cloudy

Boring Location SW NE of Section Township N, Range E

PID	Blow count	depth	MATERIAL DESCRIPTION	% solid	Pocket pen
		0	Wood chip/grass		
		1	Brown silty clay		
		2			
	**	3			
		4	Brown silty clay		
		5			
		6			
		7	Brown silty sand		
		8			
	**	9			
		10	Brown silty sand (moist)		
		11			
		12	Brown silty sand (wet)		
		13			
		14			
		15	Grey silty clay		
		16	End of boring at 15 feet		
			Well set at 15 feet		
			** - soil sample submitted for laboratory analysis		

The soil strata changes indicated by the lines are approximate and the actual transition maybe more gradual. I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature:  Date **3/23/17** Page 1 of 1

Facility/Project Name Oil Type Cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-5
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or " "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 03/23/2017 m m d d y y v v
Type of Well Well Code 1	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm Criks Eng.
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number

A. Protective pipe, top elevation --- 0 --- ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation --- 0 --- ft. MSL	2. Protective cover pipe: a. Inside diameter: --- in. b. Length: --- ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation --- ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom --- ft. MSL or --- 1 --- ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. ___ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. ___ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. ___ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. ___ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input checked="" type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. NSF b. Volume added ___ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. ___ b. Volume added ___ ft ³
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	10. Screen material: a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top --- ft. MSL or --- 1 --- ft.	b. Manufacturer _____ c. Slot size: 0. ___ in. d. Slotted length: ___ ft.
F. Fine sand, top --- ft. MSL or --- 1 --- ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top --- ft. MSL or --- 5 --- ft.	
H. Screen joint, top --- ft. MSL or --- 5 --- ft.	
I. Well bottom --- ft. MSL or --- 15 --- ft.	
J. Filter pack, bottom --- ft. MSL or --- 15 --- ft.	
K. Borehole, bottom --- ft. MSL or --- 15 --- ft.	
L. Borehole, diameter --- 2 --- in.	
M. O.D. well casing --- in.	
N. I.D. well casing --- in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm Konick Environmental Consulting, LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other

Facility/Project Name <u>Oil Type Cleaners</u>	County Name <u>Washington</u>	Well Name <u>MW-5</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well Number

1. Can this well be purged dry? Yes No

2. Well development method

- surged with bailer and bailed 41
- surged with bailer and pumped 61
- surged with block and bailed 42
- surged with block and pumped 62
- surged with block, bailed and pumped 70
- compressed air 20
- bailed only 10
- pumped only 51
- pumped slowly 50
- Other

3. Time spent developing well 80 min.

4. Depth of well (from top of well casing) 14.8 ft.

5. Inside diameter of well 1 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 0.5 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>6.98</u> ft.	<u>6.98</u> ft.
Date	b. <u>03/27/17</u> m m d d y y	<u>03/27/17</u> m m d d y y
Time	c. <u>2:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>3:20</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input checked="" type="checkbox"/> 10 Turbid <input type="checkbox"/> 15 (Describe)	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe)
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Additional comments on development:

Well developed by: Person's Name and Firm

Name: Mike Konczek

Firm: Konczek Environmental Consulting, LLC

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]

Print Initials: MCK

Firm: KEL

NOTE: Shaded areas are for DNR use only. See instructions for more information including a list of county codes.

Facility/Project Name <i>Ol' Tyne Cleaners</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW-6</i>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or " "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed <i>03/23/2017</i> m m d d y y v v
Type of Well Well Code <i>1</i>	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <i>Criks Eng.</i>
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known

A. Protective pipe, top elevation --- <i>0</i> ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation --- <i>0</i> ft. MSL	2. Protective cover pipe: a. Inside diameter: --- in. b. Length: --- ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation --- ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom --- ft. MSL or --- <i>1</i> ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. ___ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. ___ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. ___ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. ___ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input checked="" type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. <i>NSF</i> b. Volume added ___ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added ___ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top --- ft. MSL or --- <i>1</i> ft.	10. Screen material: a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top --- ft. MSL or --- <i>1</i> ft.	b. Manufacturer _____ c. Slot size: 0. ___ in. d. Slotted length: ___ ft.
G. Filter pack, top --- ft. MSL or --- <i>5</i> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top --- ft. MSL or --- <i>5</i> ft.	
I. Well bottom --- ft. MSL or --- <i>15</i> ft.	
J. Filter pack, bottom --- ft. MSL or --- <i>15</i> ft.	
K. Borehole, bottom --- ft. MSL or --- <i>15</i> ft.	
L. Borehole, diameter --- <i>2</i> in.	
M. O.D. well casing --- in.	
N. I.D. well casing --- in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *[Signature]* Firm *Konicek Environmental Consulting, LLC*

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 150, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other

Facility/Project Name <i>Ol' Time Cleaners</i>	County Name <i>Washington</i>	Well Name <i>MW-6</i>
Facility License, Permit or Monitoring Number	County Code	Well Unique Well Number
		DNR Well Number

1. Can this well be purged dry? Yes No

2. Well development method

- surged with bailer and bailed 41
- surged with bailer and pumped 61
- surged with block and bailed 42
- surged with block and pumped 62
- surged with block, bailed and pumped 70
- compressed air 20
- bailed only 10
- pumped only 51
- pumped slowly 50
- Other

3. Time spent developing well 75 min.

4. Depth of well (from top of well casing) 14.7 ft.

5. Inside diameter of well 1 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 0.5 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>7.23</u> ft.	<u>7.23</u> ft.
Date	b. <u>03/27/17</u> m m d d y y	<u>03/27/17</u> m m d d y y
Time	c. <u>2:10</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>3:25</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input checked="" type="checkbox"/> 10 Turbid <input type="checkbox"/> 15 (Describe)	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe)
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Additional comments on development:

Well developed by: Person's Name and Firm

Name: Mike Konick

Firm: Konick Environmental Consulting, LLC

I hereby certify that the above information is true and correct to the best of my knowledge.

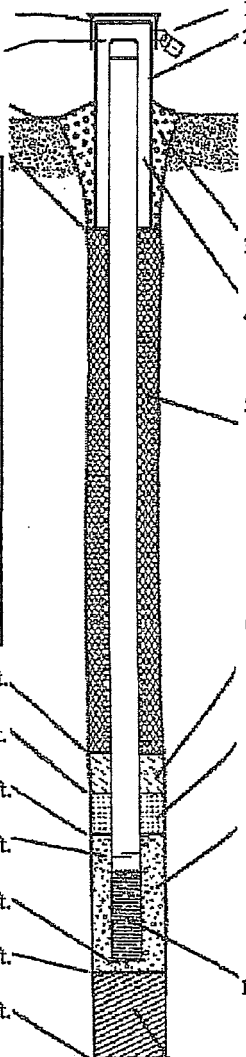
Signature: [Signature]

Print Initials: MCK

Firm: KEC, LLC

Facility/Project Name Oil Type Cleaners		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name MW-7	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. " Long. " or " or "		Wis. Unique Well No. DNR Well ID No.	
Facility ID		St. Plane ft. N. ft. E. S/C/N		Date Well Installed 03/23/2017 m m d d y y v v y	
Type of Well Well Code 1		Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Cricks Eng.	
Distance from Waste/Source ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	

A. Protective pipe, top elevation	ft. MSL	1. Cap and lock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	in.
D. Surface seal, bottom	ft. MSL or ft.	b. Length:	ft.
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Additional protection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	3. Surface seal:	Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Annular space seal:	a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. Ft ³ volume added for any of the above
17. Source of water (attach analysis, if required): Describe		f. How installed:	Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
E. Bentonite seal, top	ft. MSL or ft.	6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 33 b. <input checked="" type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
F. Fine sand, top	ft. MSL or ft.	7. Fine sand material: Manufacturer, product name & mesh size	a. NSF
G. Filter pack, top	ft. MSL or ft.	b. Volume added	ft ³
H. Screen joint, top	ft. MSL or ft.	8. Filter pack material: Manufacturer, product name & mesh size	a. <input type="checkbox"/>
I. Well bottom	ft. MSL or ft.	b. Volume added	ft ³
J. Filter pack, bottom	ft. MSL or ft.	9. Well casing:	Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom	ft. MSL or ft.	10. Screen material:	a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter	in.	b. Manufacturer	
M. O.D. well casing	in.	c. Slot size:	0. in.
N. I.D. well casing	in.	d. Slotted length:	ft.
		11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>



I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: *[Signature]* Firm: **Konick Environmental Consulting, LLC**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other _____

Facility/Project Name <i>Ol' Time Cleaners</i>	County Name <i>Washington</i>	Well Name <i>MW-7</i>
Facility License, Permit or Monitoring Number	County Code	WRS Unique Well Number
		DNR Well Number

1. Can this well be purged dry? Yes No

2. Well development method

surged with bailer and bailed	<input type="checkbox"/>	41
surged with bailer and pumped	<input type="checkbox"/>	61
surged with block and bailed	<input type="checkbox"/>	42
surged with block and pumped	<input type="checkbox"/>	62
surged with block, bailed and pumped	<input type="checkbox"/>	70
compressed air	<input type="checkbox"/>	20
bailed only	<input type="checkbox"/>	10
pumped only	<input type="checkbox"/>	51
pumped slowly	<input type="checkbox"/>	50
Other _____	<input type="checkbox"/>	

3. Time spent developing well 75 min.

4. Depth of well (from top of well casing) 13.5 ft.

5. Inside diameter of well 4 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 0.5 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>8.91</u> ft.	<u>8.91</u> ft.
Date	b. <u>03/27/17</u> m m d d y y	<u>03/27/17</u> m m d d y y
Time	c. <u>2:15</u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<u>3:30</u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input checked="" type="checkbox"/> 10 Turbid <input type="checkbox"/> 15 (Describe)	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe)
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Additional comments on development:

Well developed by: Person's Name and Firm

Name: Mike Konick

Firm: Konick Environmental Consulting, LLC

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: MK

Print Initials: MCK

Firm: KEL, LLC

NOTE: Shaded areas are for DNR use only. See instructions for more information including a list of county codes.


Konicek Environmental Consulting LLC Soil Boring Log

Project name Ol' Tyme Cleaners		Project # 1508077		Boring # MW-8	
Start date 07/25/17		Completion date 07/25/17		Drilling method	
Drilling firm / crew Giles (Jim)				borehole diameter 2.0	
comments				Weather conditions warm and sunny	

Boring Location _____ SW _____ NE _____ of Section _____ Township _____ N, Range _____ E

PID	Blow count	depth	MATERIAL DESCRIPTION	% solid	Pocket pen
		0	Asphalt		
		1	Brown silty clay		
		2			
	**	3			
		4	Brown silty clay		
		5			
		6			
		7	Brown silty sand		
		8			
		9			
		10	Grey silty sand (wet)		
		11	Blind drill to 15 ft.		
		12			
		13			
		14			
		15			
		16	End of boring at 15 feet		
			Well set at 15 feet		
			** - soil sample submitted for laboratory analysis		

The soil strata changes indicated by the lines are approximate and the actual transition maybe more gradual. I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature:  Date 7/25/17 Page 1 of 1

Konicek Environmental Consulting LLC Soil Boring Log

Project name O' Tyme Cleaners		Project # 1508077	Boring # MW-10
Start date 07/25/17	Completion date 07/25/17	Drilling method	borehole diameter 2.0
Drilling firm / crew Giles (Jim)			Weather conditions warm and sunny
comments			

Boring Location _____ SW _____ NE _____ of Section _____ Township _____ N, Range _____ E

PID	Blow count	depth	MATERIAL DESCRIPTION	% solid	Pocket pen
		0	Concrete		
		1	Brown silty sand		
		2			
	**	3			
		4	Brown silty sand		
		5			
		6			
		7			
		8			
		9	Brown silty sand (wet)		
		10			
		11	Grey silty sand (wet)		
		12	Blind drill to 15 ft.		
		13			
		14			
		15			
		16			
			End of boring at 15 feet		
			Well set at 15 feet		
			** - soil sample submitted for laboratory analysis		

The soil strata changes indicated by the lines are approximate and the actual transition maybe more gradual. I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: 

Date: 7/25/17

Facility/Project Name Ol' Time Cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-8
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____ " or _____ "	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed 07/25/2017 m m d d y y v v y
Type of Well Well Code 1	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Giles Engineering
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing, and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight: Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight: Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite: Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input checked="" type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. NSF b. Volume added _____
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.
G. Filter pack, top _____ ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or _____ ft.	
I. Well bottom _____ ft. MSL or _____ ft.	
J. Filter pack, bottom _____ ft. MSL or _____ ft.	
K. Borehole, bottom _____ ft. MSL or _____ ft.	
L. Borehole, diameter 2 in.	
M. O.D. well casing _____ in.	
N. I.D. well casing _____ in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *Ramon Gonzalez* Firm Konicek Environmental Consulting, LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <i>Oil Type Cleaners</i>	County Name <i>Washington</i>	Well Name <i>MW-8</i>
Facility License, Permit or Monitoring Number	County Code	DNR Well ID Number

1. Can this well be purged dry? Yes No
2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other
3. Time spent developing well 9.0 min.
4. Depth of well (from top of well casing) 14.9 ft.
5. Inside diameter of well 1. in.
6. Volume of water in filter pack and well casing _____ gal.
7. Volume of water removed from well 3 gal.
8. Volume of water added (if any) _____ gal.
9. Source of water added _____
10. Analysis performed on water added? Yes No
(If yes, attach results)

- | | Before Development | After Development |
|--|--|--|
| 11. Depth to Water (from top of well casing) | a. <u>7.66</u> ft. | <u>7.66</u> ft. |
| Date | b. <u>08/01/2017</u>
m m d d y y y y | <u>08/01/2017</u>
m m d d y y y y |
| Time | c. <u>9:30</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. | <u>11:00</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| 12. Sediment in well bottom | _____ inches | _____ inches |
| 13. Water clarity | Clear <input checked="" type="checkbox"/> 10
Turbid <input type="checkbox"/> 15
(Describe) | Clear <input checked="" type="checkbox"/> 20
Turbid <input type="checkbox"/> 25
(Describe) |
- Fill in if drilling fluids were used and well is at solid waste facility:
14. Total suspended solids _____ mg/l _____ mg/l
15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Mike Last Name: Konicek
 Firm: Konicek Environmental Consulting, LLC

17. Additional comments on development:
Pre-packed monitoring well

Name and Address of Facility Contact /Owner/Responsible Party

First Name: Mike Last Name: Konicek

Facility/Firm: Konicek Environmental

Street: 1032 S. Spring Street

City/State/Zip: Port Washington, WI 53074

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]

Print Name: Mike Konicek

Firm: KEC, LLC

NOTE: See instructions for more information including a list of county codes and well type codes.

Facility/Project Name Op Tyne Cleaners	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-10
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. E. S/C/N	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed 07/25/2017 m m d d y y v v y
Type of Well Well Code 1	Location of Well Relative to Waste/Source <input type="checkbox"/> u <input type="checkbox"/> Upgradient <input type="checkbox"/> s <input type="checkbox"/> Sidegradient <input type="checkbox"/> d <input type="checkbox"/> Downgradient <input type="checkbox"/> n <input type="checkbox"/> Not Known	Well Installed By: Name (first, last) and Firm Giles Engineering
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____

A. Protective pipe, top elevation	----- 0.00 ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	----- 0 ft. MSL	2. Protective cover pipe: _____ in.
C. Land surface elevation	----- _____ ft. MSL	a. Inside diameter: _____ in.
D. Surface seal, bottom	----- 1 ft. MSL or _____ ft.	b. Length: _____ ft.
12. USCS classification of soil near screen:		c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>		If yes, describe: _____
Bedrock <input type="checkbox"/>		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>		5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight: Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight: Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite: Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft. volume added for any of the above
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99		f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input checked="" type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
Describe _____		7. Fine sand material: Manufacturer, product name & mesh size a. NSF b. Volume added _____ ft ³
17. Source of water (attach analysis, if required):		8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top	----- ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top	----- ft. MSL or _____ ft.	10. Screen material: a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top	----- ft. MSL or _____ ft.	b. Manufacturer _____
H. Screen joint, top	----- ft. MSL or _____ ft.	c. Slot size: _____ in.
I. Well bottom	----- ft. MSL or _____ ft.	d. Slotted length: _____ ft.
J. Filter pack, bottom	----- ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
K. Borehole, bottom	----- ft. MSL or _____ ft.	
L. Borehole, diameter	----- 2 in.	
M. O.D. well casing	----- in.	
N. I.D. well casing	----- in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *Rachel H. [Signature]* Firm Konicek Environmental Consulting, LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <i>Oil Type Cleaners</i>	County Name <i>Washington</i>	Well Name <i>MW-10</i>
Facility License, Permit or Monitoring Number	County Code	DNR Well ID Number

- Can this well be purged dry? Yes No
- Well development method
 - surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other
- Time spent developing well 90 min.
- Depth of well (from top of well casing) 14.9 ft.
- Inside diameter of well 1 in.
- Volume of water in filter pack and well casing _____ gal.
- Volume of water removed from well 5 gal.
- Volume of water added (if any) _____ gal.
- Source of water added _____
- Analysis performed on water added? Yes No
(If yes, attach results)

- | | Before Development | After Development |
|--|--|--|
| 11. Depth to Water (from top of well casing) | a. <u>7.74</u> ft. | <u>7.74</u> ft. |
| Date | b. <u>08/01/2017</u>
m m d d y y y y | <u>08/01/2017</u>
m m d d y y y y |
| Time | c. <u>10:00</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. | <u>11:30</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| 12. Sediment in well bottom | _____ inches | _____ inches |
| 13. Water clarity | Clear <input checked="" type="checkbox"/> 10
Turbid <input type="checkbox"/> 15
(Describe) | Clear <input checked="" type="checkbox"/> 20
Turbid <input type="checkbox"/> 25
(Describe) |

- Fill in if drilling fluids were used and well is at solid waste facility:
- Total suspended solids _____ mg/l
 - COD _____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Mike Last Name: Konicek
 Firm: Konicek Environmental Consulting, LLC

17. Additional comments on development:
Pre-packed monitoring well

Name and Address of Facility Contact /Owner/Responsible Party
 First Name: Mike Last Name: Konicek
 Facility/Firm: Konicek Environmental
 Street: 1032 S. Spring Street
 City/State/Zip: Port Washington, WI 53074

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]
 Print Name: Mike Konicek
 Firm: KEC, LLC

NOTE: See instructions for more information including a list of county codes and well type codes.

1959

2-1-1922
WISCONSIN

126 Marshall-Weiss Stores
 241 Jung's Tavern
 248 Bruby, Dr. Paul—Office
 248 Apt. 1—Bruby, Howard J. & Mrs. Melinda B.
 250 Apt. 2—Cobb, Dorothea
 252 Bruby Jeweler
 254 Gamble Store
 Apt. —Blanko, Thekla
 Apt. —Blankowski, Beatrice;
 Martens, Jo-Ann
 Apt. —Schneider, Clara
 Apt. —Schreiner, Mrs. Frieda, Don
 Apt. —Weber, Mrs. Helen
 258 Ley's Dept. Store
 262 Miller, Hazel E.
 Koerth, John E. & Mrs. Betty
 Below, William & Mrs. Ida
 Stiefvater, Dewayne & Mrs. Phyllis M.
 264 Jeklin Shoe Store
 266 Klitsner Women's Apparel Store
 301 Burckhardt Electric Inc.
 Club Hotel
 Burckhardt, Ingeborg
 Weiss, Leo J.
 Rm. 201—Johnson, Harold C.
 Rm. 207—Schmitt, Edgar H.
 Rm. 209—Herber, Henry F.
 302 Math N. Goring Tavern
 304 Cronin, Jeannette C.
 Goring, Mrs. Helen
 Howard, Math.; Hollicock, Billy
 Jeannette's Fashion Center
 305 Lane, Mrs. Sarah; Klein, Virginia
 306 Ortman, Oscar C. & Mrs. Iola
 309 Lane's Restaurant
 310 Schaefer's Paint Store
 313 July, Leo J. & Mrs. Donna J.
 313A
 314
 315
 316 Crass, James J. & Mrs. Ermine
 16A Opper, Herman & Mrs. Helena
 17 Jensen's Bar
 7 Jensen, Paul & Mrs. Myrtle
 Monaco Restaurant
 Schnepf, Mrs. Ella
 Czuk, Mrs. Maria
 Ery & Clara's Tap
 Luedtke, Robert B. & Mrs. Delores;
 Hammen, Fred
 Ray Berend
 City Bakery
 Eddie's Meat Market
 Teague, Mrs. Leona M.
 West Bend Realty
 Benard, Henry F.—Offi

614 Ditch, Martin & Mrs. Mary
 614A Trodel, Arthur J. & Mrs. Gladys M.
 614A Rosin, Mrs. Sadie; Crass, Wilmer H.
 615 The Clothes Clinic
 616
 620 Schlosser, John Jr. & Mrs. Susanne
 625 Don's Grill
 628 Edwin Chiropractic Office
 633 Clark Super 100
 636
 638 Schlosser, John Sr. & Mrs. Helen,
 Alice A.
 648 Kannenberg's Texaco Station
 903 Bailey, Le Ore & Mrs. Mrs. Alice
 907 Kapfer, Albert H. & Mrs. Helen
 907A Laasch, Howard & Mrs. Beverly
 920 Moga, Alfred & Mrs. Mildred
 928 Spaeth, Alex & Mrs. Germaine
 929 Schneider, Miss Agnes A.
 930 Bohm, Mrs. Clara M.
 941 Spaeth, Eugene & Mrs. Catherine
 941A Adelmeier, Merlin & Mrs. Alice

MAIN STREET, SOUTH

101 Men's Apparel Shop
 103 Plischounig's Shop
 103A Plischounig, Frank & Mrs. Elizabeth
 107 Wesco Sundries, Inc.
 109 Tri-County Office Equipment Co.
 111 West Bend Restaurant
 111A Apt. 1—Mouzakis, Dennis
 Apt. 2—Mouzakis, George & Mrs. Athna
 113 Apt. 1—Kuechler, Boulah
 Apt. 2—Usodel, Douglas W.
 Apt. 3—Shlimovitz, Harold M.
 115 Walter K. Smith Hardware Store
 117 Warnkey & Lehn
 119 Heisler, Leo N., Virginia C., Laura T., Leo F.
 121 Becker's Meat Market
 123 Parlow, Alfred; Kirsch, Gregory
 125 Butch's Sport Shop
 127 Wolf's Shoe Store
 131 Betty & Joe's Sportsman's Bar
 133 Riley's Barber Shop
 136 Heil's Paint Store
 137 Field's Furniture Mart
 143 Eager Beaver Tavern
 145 Fuge's Plumbing & Heating Co.
 145 Apt. 1—Bockorny, Ernest D. & Mrs. Mildred M.
 Apt. 2—Larsen, Kenneth O. & Mrs. Gladys K.
 Apt. 3—Zimmerman, C.

232 Kirsch Shoe Repair
 232A Staehler Liquor Mart
 235
 235 Berres, Richard E. & Mrs. Angeline M.
 239 Mac's Plumbing & Heating
 243 Andersen, Miss Merle
 246 Gonnering, Miss Nora
 246 Klappert, Mrs. Margarethe
 246 Seyfert, Richard R. & Mrs. Joy A.
 247 Apt. 1—Rogge, Mrs. Emma
 Apt. 2—Proeber, Harold
 Apt. 3—Farley, James
 248 Bidt, R. W. & Mrs. Gretchen
 249 Kirby Co. of West Bend
 250 Loomans, David; Weedon, Alan W.
 251 Loomans & Hicken Radio & Television Service
 253 Ernst's Music & Supplies
 255 Modern Dry Cleaners & Laundry, Inc.
 261 Palace Cafe
 262 Ohlrogge, Gordon A. & Mrs. Ruby E.
 262 Ohlrogge Funeral Home
 265 Ruffan, William H. & Mrs. Veronica E.
 271 Arnie's Bar & Cocktail Lounge
 277 Oscar's Shoe Service
 277 Klabunde, Miss Erna

MAPLE STREET

422 Luecke, William H. & Mrs. Mabel C.;
 Bauer, Carl
 528 Cooley, LeRoy H. & Mrs. Ione
 625 Weiss, Joseph N. Mrs. Maybelle M.
 629 Yoost, Clarence W. & Mrs. Ruth M.
 629A Koehler, Anna R.; Koehler, Karl E. & Mrs. Geeraldine F.
 711 Albrecht, James A. & Mrs. Diane

MAYER STREET

101 Kissinger, Alfred F. & Mrs. Maryann I.
 113 Kircher, Gordon G. & Mrs. Ann V.
 114 Jaeckels, William F. & Mrs. Alice L.
 119 Kahl, Herbert G. & Mrs. Clara L.
 127 Greuel, Roland C. & Mrs. Asella M.;
 Uelmen, Joseph
 132 Mittelstadt, Forrest C. & Mrs. Lillian E.
 135 Guth, Louis H. & Mrs. Thekla N.
 141 Krueger, Mrs. Anna S.
 149 Rusch, Edwin & Mrs. Orinda
 153

558 Kalles, Lou
 569 Rusch, Lav
 572 Eder, Phil
 575 Luedtke, L.
 577 Vaclavik,
 Beatrice V
 600 Neitzel, A
 603 Kenneth I
 606 Barcom, J
 607 Behlke, E
 615 Klumb, E
 620 Dickman
 Ruth A.
 623 Wort, L
 623A Weasler,
 Dickman
 634 Margare
 635 Margan
 644 Key, W
 652 Weston

MIDLAND AVE

604 Holl, I
 604A Biertz
 612 Wagn
 618 Petri,
 Mrs. J
 619 Ralof
 622 Scha
 627 Kiro
 633 Watz
 639 Hack
 644 Fiori
 647 Proe
 647 Peif
 Mrs
 652 Wol
 653 Bas
 658 Fec
 661 Die
 664 Rel
 672 Bo
 672 Do
 673 Ro
 673 Ka
 679 Th
 680 So
 686 K
 687 W



WEST BEND
BARTON

WIS
 REF
 917.759
 T23
 1959




1959

based for

TEL A CITY Directory
 Your Information Center for
CITY OF WEST BEND AND SURROUNDING RURAL AREAS
 1963

WIS REF 917.750 223 1963
 - telephone

WISCONSIN



TEL A CITY Directory
 Your Information Center for
CITY OF WEST BEND AND SURROUNDING RURAL AREAS
 1963

120 West End Theatre
 121 John Ins Agency
 122 Production Credit Ass'n
 123 Precision Finance Corp
 124 Koenig, Walter & Son Jeweler
 125 Marsh & North - Office
 126 Kelly, Dr. J - Office
 127 Schuchman, Dr. Wallace - Office
 128 Drosson, Walter - Office
 129 J C Penny & Co
 130 Pirat Credit Corp
 131 Jahn's Witnesses
 132A Schaber's Camera & Gift Store
 133 Singer Sewing Machine Co
 134 Milwaukee Gas Light Co
 135 Hwar Jewellers
 136 Schroeder, Dr. James
 137 Regner Building
 138 Albrecht, Dr. A W - Office
 139 Albrecht, Dr. James
 140 Albrecht & Title Co
 141 Washington-Quaker Guidance Center
 142 Regner, Mrs Henry
 143 Western Union Telegraph Co.
 144 Carroll House
 145 Dunlop Shoe Store
 146 Dunlop, Robert J - Office
 147 Exclusive Record Shop
 148 Hank's Bar
 149 Huber, Henry
 150 Gift Beauty Shop
 151 Prilem Apparel Shop
 152 Apt 3-Santor, Lillian
 153 Apt 4 - Bohm, Marjorie
 154 Apt 5 -
 155 Apt 7 - Prugel, Yolande; Zallapa, Robert
 156 Apt 8-Halon, Jerome
 157 Apt 9-Hanon, George
 158 Apt 10 -
 159 Hunt's Beauty Shop
 160A Wohlenberger, Edwin & Anna; Campbell, John

221A Carson's IGA Store
 222 Young Towne
 223 Coast To Coast Stores
 224 Jung's Tavern
 225 Brady Dr Post - Office
 226 Apt 1-Drury, Howard & Melinda
 227 Apt 2-Cook, Dorothy
 228 Drury Jeweler
 229 Gannick Store
 230 Apt -Thibault, Thelma
 231 Apt -Anderson, Marie
 232 Apt -Schneider, Clara
 233 Apt -Schubert, Francis
 234 Apt -Walter, Helen
 235 Leys Department Store
 236 Apt 1-Ohlrogge, Virginia
 237 Apt 2-Marchionni, James
 238 Apt 3-
 239 Apt 4-Decker, Larry
 240 Apt 5-Clark, Nancy
 241 Apt 6-DeTuenig, Robert & Patricia
 242 Riedlin Shoe Store
 243 Hauer Women's Apparel Store
 244 Hurdshull Electric Inc
 245 Alan Topp
 246 Colla Hotel
 247 Barchardt, Ingeborg
 248 Rm 201-Johnson, Harold
 249 Rm 202-Bruce, Leo
 250 Rm 203-Baerbar, Gus
 251 Rm 204-Keegan, Maura
 252 Rm 214-Weiss, Leo
 253 Crown, Jeanette
 254 Cheating, Helen
 255 Landquist, Herbert
 256 Jonnott's Fashion Center
 257 Apt 4 -
 258 Winckler Office Machine Co
 259 Lane, Sarah; Sonnenberg, Dorothy
 260 Ortmund, Oscar & Iola
 261 Lane's Restaurant
 262 Schneider's Paint Store
 263 Apt 1-
 264 Apt 2-
 265 Dick's Diner
 266 Casey, James & Ermino
 267 Oppor, Herman & Helmut
 268 Jensen's Bar
 269 Jonson, Paul & Myrtle
 270 Monice Restaurant
 271 Rev & Clara's Tap
 272 Ortmund, Ervin & Clara
 273 Survis, Mrs Beatrice
 274 Schneider, Joe & Violet
 275 Dorand, Roy Barber Shop
 276 City Directory
 277 Patton's Meat Market

614A Rosin, John
 615 Clinch Clinic
 616 Schlanzer, John Jr & Suzanne
 617 Dow & Grub
 618 Dubowich Chiropractic Clinic
 619 Clark Super 100
 620 Kowalski's Express Station
 621 Taylor, Wesley & Ann
 622 Kaptel, Albert & Helen; Timmel, Dale
 623 Leitch, Howard & Beverly
 624 Louis Chevrolet
 625 Diortier, Gerhard & Alice
 626 Smith, Alex & Germaine
 627 Smith Electric
 628 Schaefer, Agnes
 629 Bohm, Clara
 630 Smith, Eugene Sr & Catherine
 631 Rasc, Erwin & Marie
 632

MAIN STREET SOUTH G-6 to H-11
 101 -Men's Apparel Shop
 102 -Pflanzl's
 103A -Blichowsky, Frank & Elizabeth
 104 -Wesco Fine Arts Inc
 107 Apt 1-Schneider, Douglas & Barbara
 108 Apt 2 -
 109 -City-County Office Equipment
 110 West Bend Restaurant
 111A Apt 1 -Mouzas, Dennis
 112 Apt 2 -Mouzas, Athina
 113 Apt 1 -Kochler, Beulah
 114 Apt 2 -Liscol, Douglas
 115 Apt 3 -Stilman, Harold
 116 Smith, Walter K Hardware
 117 Lake Shore Oil Co
 118 Wausley & Lohm
 119 Hotelier, Leo N, Virginia, Barbara, Leo F
 120 Doctor's Meat Market
 121 Dutch's Sport Shop
 122 Van's Shoe Store
 123 Dolly & Joe's Sports Shop
 124 Riley's Duvac Shop
 125 Hill's Paint Store
 126 Field's Furniture Mart
 127 Engor Donor Tavern
 128 Fugot's Plumbing & Heating Co
 129 Apt 1 -Meyer, Edward & Elizabeth
 130 Apt 2 -Loggell, Ted & Elizabeth
 131 Apt 3 -Olson, Ronald
 132 Mayor, Reinhard; John, Barbara, Barbara


RO-CO-CO
 Relax in a Friendly Atmosphere
 WEST BEND, WIS.
 ON HWY. 143 off U.S. HWY. 45
 FEDERAL 4-2206

FRIDAY SATURDAY
 SUNDAY NIGHTS
 PARENTS & KIDS
 N. AFTERNOON
 1:30 TO 4:30
 FILE YOUNG

SANDWICHES & LIGHT LUNCHES

RECTORY UP-TO-DATE
 3 - IN - AWAY - OR AROUND
 OR...
 NEIGHBORS... OR...
 LISTING CHANGES OR
 TAKE

GRAVEL
 Fill Dirt
 Stone



MAIN ST SO. (cont)

145	Apt 4-Schwinn, R	823	Sork, Norman & Eugenia	437	Woodley, Mary; Ulrich & Hildegard
146	Kuester, Herman & Lillian	1214	Wilkes, Henry & Mildred	400	Gottschalk, Walter & Jean
147	Mulling, Margaret	1592	Feisling, Arthur & Linda	442	Kennel, Albert & M
148	Sorensen-Domick Inc	1414		502	Niemi, Edwin & Lu
150	Motor Grinding & Parts Co			503	Meyer, Robert
151	Electric Motor Service			505	Kohler, Anton & Jo
152	Angie's Tavern			512	Vorpahl, Ronald E
153	Mohring's History	514	Russell, William & Evelyn	512A	Schaefer, Jacob F
154	Chicago's Bar	515	Wiskirchen, Charles & Cynthia	513	Weiss, Harold &
155	C & R TV	520	Rosch, Clara, James	513A	Connering, Hubert
156	Fahney, Agnelle	527	Kellbach, Emma	524	
157	Kocher, Arthur	528	Koel, Peter & Dor	524A	Yahr, Albert, Be
158	Kocher, Helene	528	Meyer, Joseph & Louise	527A	Schilling, Frank
159	Bies, Evelyn	541	Wessler, Joseph & Polly Ann	527B	Peters, Walter
160	Dora's Barber Shop	545		528A	Wernicke, Elm
161	Turk's Oasis	545	Wagner, Eugene & Annela	528	Koehler, Arthur
162	Jerry's Super Service Station	552	Pueslow, Harry & Alma	529	Pierog, Robert
163		557	Swiss, Edward & Louise	530A	Pfeiffer, Cep
164	Meyer's Cigar & News Stand	538	Kalles, Louis & Evelyn	530	Jacobs, Eugene
165	Williams, Thomas & Donna	560	Rudin, Lawrence & Esther	530	(Travel) Pa
166		572	Eder, Philip & Barbara	530A	Dobring, I
167	Pfister's Bakery	573	Loedike, Louis & Adeline	531	Goode, Fr
168	Bodorn, Harry & Lilly	577	Vasicko, Jerome & Beatrice	531A	Wore, Less
169	Kirsch Shoe Repair	600	Neitzel, Alex & Olga	531B	Ebel
170		603	Troedel, Bert & Marie, Gerald	532	Edel
171	Siebler's Liquor Mart	606	Barcom, Lester & Eleanor	532A	Muske, Ra
172		607	Behke, Roy & Emma	532B	Cotton, Th
173		615	Klumb, Richard & Margaret	533	Smith, W
174	Draxler, Gene & Jean	620	Dickman, Edwin Jr & Ruth	533	Wagner,
175	Connering, Nora	623		533A	Muller,
176	Klapper, Margarethe	623A	Stefek, Richard; Hubert,	534	May, A
177	Apt 1 - Rogge, Emma	644	Llewellyn	535	Koch, I
178	Apt 2 - Waechter, Elmer & Lonie	634	Dickmann, Edwin Sr & Margaret,	535	Minni
179			Theodore	535A	Gomb
180	Bold, R W & Gretchen	535	Schneider, Dr. Donald & Janice	536	Noepf
181	Licht, Robert	544	Key, William & Margaret	537	Berl
182	AM & PM Service,	652	Weston, Paul & Lu	537A	Dwy
183	Larson, Donna			538	Kies
184	Loomans & Hicken Radio TV Serv			539	Orv
185	Ernst's Music & Supplies			540	Sch
186	Modern Dry Cleaners & Laundry	604	Holl, Milton & Dolores	541	Wey
187	Palace Cafe	604A	Bieritzer, Merlin & Shirley	542	Kies
188	Chirogge, Gordon & Ruby	612	Wagner, Edward & Mildred	543	Orv
189	Chirogge Funeral Home	613	Petri, Sophia; Petri, Carl & Martha	544	Sch
190	Chirogge Floor Service	619	Raloff, Chas	545	Sch
191	Huttan, William & Veronica	622	Schacht, Art	546	Br
192	Arnie's Bar & Cocktail Lounge	627	Kircher, Adam & Dorothy	547	Or
193	Maaske, Arno & Helen	633	Watanowicz, Paul & Audrey	548	Y
194	Oscar's Shoe Service	639	Hackbarth, Edward & Florence	549	Y
195		644	Proeber, Wilbur & LaVerna	550	Y
196		647	Pelzer, Arthur & Florence, Donald	551	Y
197		652	Wolff, Sylvester & Harriet	552	Y
198		653	Bastian, Jacob & Loretta	553	Y
199		654		554	Y

MIDLAND AVENUE 1-3

604 Holl, Milton & Dolores
 604A Bieritzer, Merlin & Shirley
 612 Wagner, Edward & Mildred
 613 Petri, Sophia; Petri, Carl & Martha
 619 Raloff, Chas
 622 Schacht, Art
 627 Kircher, Adam & Dorothy
 633 Watanowicz, Paul & Audrey
 639 Hackbarth, Edward & Florence
 644 Proeber, Wilbur & LaVerna
 647 Pelzer, Arthur & Florence, Donald
 652 Wolff, Sylvester & Harriet
 653 Bastian, Jacob & Loretta

MAPLE STREET F-9 to H-9

TEL A CITY Directory
 Your Information Center for
CITY OF WEST BEND VILLAGE OF HARTON AND SURROUNDING RURAL AREAS
 1963

1960-61

THIS DIRECTORY CONTAINS AN
 ALPHABETICAL DIRECTORY
 ADDRESS BOOK
 BUSINESS GUIDE
 INDUSTRIAL DIRECTORY

NEWBURD SLINGER

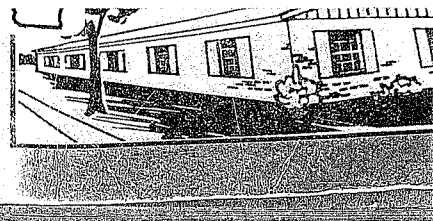
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 HOME FURN. - REFRIG. - WASH. - DRYER
 AIR COND. - H.V.A.C. - H.W. - H.C.

LAKESHORE
 OF WEST BEND, WISCONSIN

WISCONSIN



WEST BEND STREET DIRECTORY

ST. S (cont'd)	MAIN ST S (cont'd)	MAIN ST S (cont'd)	MICHIGAN AVE
411 Rosenthal, Rich & Margaret	411 Kugler, Theodore & Elizabeth	970 Priddy's Snack Shack	514 Wagner, Richard & Janet
412 County Office Equip	414 Remus Insurance Agency	1014 A & W Root Beer Drive In	515 Wiskechen, Chas & Cynthia
413 Smith, Thomas & Sharyn	414 Remus, Harlon & Arlene	1022 Welland's Recreation	520 Witsener, Alloys & Janet
415 Meas, Maxine, Mary	415 Kugler, William & Delores	1043 Larson's Furniture	527 Kellbach, Emma
418 County Office Equipment	418 Schmidt, William & Edna	1114 Rank & Son Rambler	528 Koul, Peter & Dora
419 Mead's Restaurant	419 Faber, Robert & Vernita	1115 West Bend Mutual Insurance	535 Moyer, Joseph & Lottie
421 Meas, Dennis	423 Wiedmeyer's Garage	1124 Schleif Shoelace Service Inc	541 Weasler, Polly Ann
423 Meas, Athaz	430 Winnighoff, Donald & Carol	1205 Boldt, Carl & Mabel;	544 Hartman, Lyio & Lorraine
430 Meas, Jerry	430 Naab, Arthur & Alma	Lutz, Margaret	545 Wagner, Eugene & Annela
430 Dorothy	430 Lutz, D T - ofc	1221 Reinke, Francis & Hedwig	552 Kalles, Emil & Alma
432 e, Lambert & Julle	430 Lemke, John & Arlene	1229 Reinke's Service Station	557 Succs, Edward & Louise
432 Walter K Hardware Store	432 Mattson, Robert	1323 Koller, Jake & Celia, Ed.	558 Kattes, Louis & Evelyn
	432 Naab's Freezer Meats	1323A VanStone, Bertha	560
	432 Schloemer, Delbert &	1325 Warnkey & Lehn	569 Rusch, Lawrence & Esther
	Virginia, Robert	1409 Diels, Floyd & Mary	572 Eder, Phillip & Barbara
	444 Podany, William & Vera	1437 Kroll, Max Jr & June	575 Luedtke, Louts & Adeline
	446 Lucille's Style Salon	1505 Ackley, Dennis & Barbara	577 Naelavik, Jerome & Beatrice
	446 Delcoro, Clarence & Gladys,	1515 Sindrewitz, John & Petronella	600 Neltze, Alex & Olga
	" - Wayne, Ronald	1515A Breusch, Janice	603 Troedel, Bert & Marie
	448 Miller, Henry & Norma		606 Haenflus, DuWayne & Ruby;
	449 Goeden Shell Service		Schleffe, Ida
	500 Koehler, Ray & Betty		607
	501 Kluener, Lester & Alice		615 Klumb, Richard & Margaret
	501 Mathews, Alexa		620 Diekmann, Edwin & Ruth
			623 Pankow, Ben & Marie

MAPLE ST

282 Apt-Ohrogge, Verona	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Apt-Lettingwell, Helen	Apt-DeVoe, Edward & Lynn	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Apt-Frank, Dennis & Lorain	Apt-Smith, Henry	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Apt-Daly, Marie	Apt-Arnold, Melrose & Rosemary	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Apt-Gearing, Athax	Boldt, Ray W & Gretchen	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Apt-Severson, Helen	U. S. Army Recruiting Serv.	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
284 Jolina Shoe Store	Apt-Severson, Robert;	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
282 Wisconsin Finance	Kircher, Donald;	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
301 Jannetto's Fashion Store	Foster, Herbert	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
302 Corby's Tap	Kay's Bitch Shop	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
303 Goth Hotel	Christopher's Soap Center	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
304 Apt-Gearing, Helen	Modern Dry Cleaners	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Apt-Corbitt, R & Marguerite	Borton's Cafe	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Jannetto's Fashion Center	Ohrogge, Gordon & Ruby	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
100 Bonard, Henry - ofc	Naumann, Veronica	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
West Bend Realty	271 Arnie's Bar	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
07	273 Maaske, Arno	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
09 Ketter, Peter & Hazel	277 Oscar's Shoe Service	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
10 Dick's Pizzeria	277A Myers, Patty-Krell, Marlys	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Schaefer's Paint Store	304 Daly, Esther	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
3 Apt-	305 Reisse, George; Louis	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Hank, Roger	316 Boettcher, Ross, Marie	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Hansen's Steak House	316 Wagner, James & Carolyn	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Schilling, Frank & Margaret	319 Klinka's Garage	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
A New, Art Lr	324 Gessner, Barbara	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Jensen's Bar	324A Thelen, Darlene & Sepstead, Sandra	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Jensen, Myrtle	326 Patton, Harold & Reva, Don	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Monica Restaurant	326A Sellrecht, Clifford & Margaret	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Erv & Clara's Tap	332 Lemke, Arthur & Agnes	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Ohronud, Ervin & Clara	334 Knop, Anna, Bernice	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Fink, Wayne; Carter, Duve	339 Mozer, Ray & Alta, Phillip	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Berend, Ray Barber Shop	340 Smith, Josephine	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
City Bakery	347A Schrauth, Juliette	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Eddie's Meat Market	349A	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Apt-Teague, Leona	351A Nowak, Beatrice	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Apt-Bonard, Henry & Carol	351A Demas, Liska Al	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
torso Home Improvement	403 Schachtel's Mobilgas Service	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Iller's Pure Oil Service	408 Consolidated Service Station	282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Iller's Cities Service		282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Iller's Food Store		282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Iller's Radiator Shop		282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Iller's Beverage Drive-In		282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Iller's Machine Shop		282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Wesend, Roy & Eloise		282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Auto Service Inc		282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Iller's Bend Litho Co		282 Apt-Rogge, Emma	282 Apt-Rogge, Emma
Iller's De Paul, Store		282 Apt-Rogge, Emma	282 Apt-Rogge, Emma

1965

MEADOWBROOK DR

135 Cliff, James & Carol	440 Albers, Ray Ronald & Barb.
141 Krueger, Anna	462 Pilgrim Lutheran Church
149 Rusch, Edwin & Orinda	515 Wilkerson, Henry & Mildred
152 Eckler, Dale & Ellen	603 Baerensrud, Herman & Dawies
159 Hood, Alma	615 Feising, Arthur & Linda
167 Metzke, Robert & Judith	671 Weber, Joseph & Anna
170 Pich, Frank & Genevieve	671 Harshon, Jerome & Myr
177 Wolf, Frank & Genevieve	671 Spatth, Lloyd & Katharina
180 Degea, Adela, Regina	671 Botz, Gordon & Iola
	671 Huylers, James & Virg
	671 Lynch, Eugene & Joan
	671 Gentry, Dee & Rula
	671 Leamer, Paul & Skille
	671 Reed, Gerald & Helen
	671 Soyk, Norman & Euge
	671 Rusch, Ronald & Lyn

TEL A CITY

Directory
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MADISON ST. (cont.)	MAIN ST. (cont.)	MAIN ST. (cont.)	MADISON ST. (cont.)	MADISON ST. (cont.)
242 Bertha's Hosiery Shop	531 DUBIN, Eugene	1221 Nauke, Francis & Betty	440 Stephan, Bev John & Viola	850 Knebel, Muri
244 Morris, John & Marie, Alaska	532 Davine, William	1223 Bauer's Service Station	445 Higgins, Barbara Church	855 Hoffman, Law
247 Apt-Driffin, Ann/Howard, Joe	533 Wagner, Pauline	1227 Randy's Drive-In	515 Wilcox, Harry & Mildred	867 Wilcox, Clara
Reischer, Mary Ann	534 Hevera's Barber Shop	1232 Koller, Sue & Curtis	603 Berwick, Howard & Jean	602 Schneider, C
	544 Bartel Beauty Shop	1323a Sawyer, Joy & Becky	615 Prilling, Arthur & Linda	Lucas, Fran
Apt-Jordan, Howard	545 Gessert, Carl & Julie	1234 West Bend Memorial Co	616 Strohman, Albert & Virginia	
Apt-Palmer, Robert & Kathleen	546 Heicher, Norbert/Edna	1400 Wills, Floyd Jr & Mary	712 Boepel, Laubert & Marlene	
Apt-Clark, Thomas	547 Gregor, Mitchell/Barbara	1427 Larson, Darrell & Betty	716 Pap, Herbert & Helen	
Apt-Gonzalez, Dale & Myra	551 Conroy, Earl	1431 Duesel, Carl & Audrey	717 Weber, Joseph & Ann	
Apt-Kinnor, Donald & Nancy	552 Barbusch, Patricia	1502 Goodrich, Nick & Selma	718 Meehan, Joseph & Virginia	
	600 Neuhaus, Peter & Dolores	1503 Arndt, Dennis & Barbara	811 Collins, Phyllis & Allison	843 Apt-Cover
	601 RCA Express	1516 Helms, Marlene & Mary	812 Bilczak, Joseph & Mary Jo	Apt-Jack
Apt-	602 Neuhaus Market	1522 Thershold Inc.	813 Collier, James & Virginia	Apt-Beck
249 West Bend Vacuum Cleaner	604 Werner, Frederick	1527 Sawyer, Fred, Peggy	814 DeGroot, Leo & Lucille	Apt-Koh
250 Quase Realty	606 Kuback, Alvin & Alice	1528 Sawyer, Fred, Peggy	821 Spaatz, Lloyd & Katherine	
251 Explorer Shop Inc	607 Horle, Larry & Maybelle	1540 Adams, Albert & Leona	822 Huber, James & Virginia	
252 Modern Dry Cleaners	610 Apt-Clark, Thomas	1611 Strohman, Donald & Barbara	823 Colby, Dea & Eda	
261 Naumann, Veronica	611 Aechterberg, Paul & Esther	1621 Hughes W Arcelia & Gloria	824 Boy, Norman & Eugenia	1923 Gehau
262 Washington County Agricultural, Rehabilitation & Conservation Dept	614 Banicke, Anna	Rudolph Dairy Service	825 McMillan, Albert & Irene	1925 Sack
265 Apt-Gross, John	617 Vinnemann, Martha			1915 Lamb
266 Apt-Naumann, Glenn/Joann	618 Plusk, Victor & Lillian			
271 Duysak, Bar	622 DeLoora, Wayne & Carol			
272 Masack, Arne	622a Shubling, Roger			
277 Oscar's Shoe Service	623 Czarnecki, Olive			
278 Galle Vette, Ed.	624 Strasser, Jerome & Joyce			
304 Daly, Arthur	626 Budenbacher, Floyd & Judith			
306 Pease Paint Shop	627 Matzner, Albin & Sylvia			
308 Helms, George/Louise	630 Shabino, Harry & May			
315	633 Hamby, Albert & Isabel			
316 Bortchweg, Ross/Marie	634 Flynn, Leonard & Jean			
317 Myers, James & Darlene	634a Galabinski, Shirley			
319 Wicklund-Olds mobile	637			
324 Mine, Joseph & Teri	637			
325 Schmitt, Evelyn	641 Patten, Thomas & Linda			
327 Apt-Fallon, Harold & Rose	642 Bauer, Beatrix			

328a Galabinski, Clarence & Mildred	351	361a Damasezki, Allen	403 Wicklund Olds Used Car Lot	408 Consolidated Service	411 Rosenthal, Arthur & Olga, Don	414 Remus Insurance Agency	414a Baranyk, Daniel & Arlene	415 Jacobson, Newman & Doris	418 Schmidt, William & Edna	419 Baranyk, Daniel & Bernice	429 Wiedmeyer's Bicycles	430 Apt-Docktor, Frank	432 Apt-Nash, Arthur & Alma	432 Lutz, D T - ofc	433	446	446a Podany, William & Vera	448 Miller, Henry & Norma	449 Goeden Shell Service	450	451	451a Crasse's Spur Service Station	451a Kluever, Lester & Alice	451a Matthews, Alexa	451a Bencke, Helen	451a Clements, Claybourne & Nadine	451a Geminde, Robert & Carol	451a Choseny, Thomas & Ruth	451a Schaefer, Alvin & Elsie	451a Zimdars, Dennis & Rosemary	451a Culligan Soft Water Service	451a Briggs, Dale & Celia	451a Plick, Ben & Lucille	451a
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463 Rudolph, Harry	467 Deger, Rosalie	467a Soyk, Lois & Caroline	470 West Bend High School	473 Knop, Anna/Beatrice	473a Mezera, Ray & Alta	478 Naumann, Harold & Mattie	344a Goldard, Carol	347a Smith, Josephine	349 Schrauth, Juliette	349 Berres, Wm & Shirley	349a Schneider, Gerald	351	351a Damasezki, Allen	403 Wicklund Olds Used Car Lot	408 Consolidated Service	411 Rosenthal, Arthur & Olga, Don	414 Remus Insurance Agency	414a Baranyk, Daniel & Arlene	415 Jacobson, Newman & Doris	418 Schmidt, William & Edna	419 Baranyk, Daniel & Bernice	429 Wiedmeyer's Bicycles	430 Apt-Docktor, Frank	432 Apt-Nash, Arthur & Alma	432 Lutz, D T - ofc	433	446	446a Podany, William & Vera	448 Miller, Henry & Norma	449 Goeden Shell Service	450	451	451a Crasse's Spur Service Station	451a Kluever, Lester & Alice	451a Matthews, Alexa	451a Bencke, Helen	451a Clements, Claybourne & Nadine	451a Geminde, Robert & Carol	451a Choseny, Thomas & Ruth	451a Schaefer, Alvin & Elsie	451a Zimdars, Dennis & Rosemary	451a Culligan Soft Water Service	451a Briggs, Dale & Celia	451a Plick, Ben & Lucille	451a
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452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500
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The Advertisers in
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MAIN ST SOUTH (0805) (Cont.)
 813 CLOTHES CLINIC INC334-9451
 815 WISCONSIN COACH LINES334-3808
 817 YOUTH TOWNE334-5422
 817 JERRY'S RESTAURANT334-3808
 PARK-WAY CATERING SERVICE334-3808
 821 JEANNE'S COUNTRY CASUALS334-7185
 822 STEIN DRUGS338-1155
 WALGREEN AGENCY DRUGS338-1155
 823 BUDGET RENT A CAR338-1844
 MARK IV TRAVEL338-2323
 825 KUHN'S DECORAH LIQUORS334-5033
 828 BEN FRANKLIN STORE338-1129
 830 ECHO COMMUNICATIONS338-1800
 832 BASKIN-ROBBINS ICE CREAM STORE334-7010
 834 SOFIA BEAUTY SALON338-0641
 VIVIANE WOODARD COSMETIC DISTRIBUTORS338-0641
 836 PLAZA BARBER SHOP334-9222
 838 H F C334-3411
 HOUSEHOLD FINANCE CORP & SUBSIDIARY COMPANIES334-3411
 840 PAPER TREE338-1196
 842 ROYCE FABRICS338-0597
 846 CARPETS INCORPORATED338-1330
 848 ALSTON'S338-1121
 855 SENTRY FOOD STORE334-9177
 868 HERITAGE BANK OF WEST BEND338-6666
 869 JIM HANDY HOME CENTER334-5891
 873 KEN'S STANDARD SERVICE STATION338-2320
 876 GUARANTY SAVINGS & LOAN ASSOCIATION338-6611
 884 ED'S TEXACO SERVICE U-HAUL COMPANY DBALER338-0333
HAWTHORNE DR INTERSECTS
 905 MATENAER'S MOBIL SERVICE334-7801
 906 SIR DONUT SHOP334-9962
 910 NORGE CLEANING VILLAGE334-3013
 914 JON & JAN'S BEAUTY SHOP334-5634
 915 McDONALD'S RESTAURANT338-1801
 1006 COACHMAN HOUSE334-9491
 1011 PACIFIC FINANCE LOANS334-5595
 1014 A & W DRIVE-IN334-9091

WEST BEND STREET AND AVENUE GUIDE

DIELS Leroy G334-3288
 1347 SONIC CAR WASH334-4179
 1411 GAVIN Debbie338-6540
 1421 JANZ'S LIQUORS334-9781
 1502 GOSSHEY Nie G334-3202
 1505 ACKLEY Dan334-2234
 ACKLEY Dennis A G334-2234
 ACKLEY Richard G334-2234
 ACKLEY Ronald334-2234
 ACKLEY Steve334-2234
 1515 KROLLE Norbert W334-7356
 (#A) LANDUSKY Thomas R338-2030
BUTTERNUT INTERSECTS
 1605 MONTGOMERY WARD & CO CATALOG & AUTOMOTIVE SUPPLY CENTER338-0688
 1616 DARRON RUSS MANAGEMENT CORP338-0631
 1625 PRESCOTT SUPER VALU STORE338-6188
 SUPER VALU STORE338-6188
 WESTFAIR SUPER VALU338-6188
 1626 ASMUS Albert A G334-5618
 1701 BETTE'S OF WEST BEND BITS 'N' PIECES FLOWAL SHOPPE334-9220
 BRESLER'S 33 FLAVORS ICE CREAM SHOP334-9665
 KOEHN & KOEHN JEWELERS338-6200
 MONARCH STUDIO AND GALLERY338-2301
 NOBIL SHOE STORE334-9863
 SHOPKO HANDICRAFT STORE334-7740
 THORP FINANCE CORP338-6171
 VERA'S II HAIR SPECIALISTS338-1881
 WOODEN NICKEL PANTS STORE338-6092
 1719 JULIE ANN FABRICS338-1222
 SHOPKO DISCOUNT DEPARTMENT STORE338-6131
 5660 ZIG'S SUPPER CLUB334-5546
PARADISE INTERSECTS
MAPLE RD (0810)
 GROTH Palmer A334-3261
 4826 LAUFER Leona Mrs334-7191
 5258 LANG Frederick C Mrs G334-7463
 5480 PETERS Linus G334-2635
 5581 FOLLETT Eugene338-2077
 5590 ENDLICH Edward C Jr338-1292
 5591 MAYSONHOLDER B338-1407
 5624 BOHN Clarence J338-2773
 5651 BORRESEN Clyde E334-5798
 5654 BOEGEL Kenneth R334-3771
 5812 THULL Anns334-4629
 1776 HAAS Robert E338-0963
 1777 SCHAEFER Arnold E G334-7772
 1780 DOLL Kenneth H338-0443
 1786 NAGEL Walter G334-4753
 1797 PARULSKI David334-4753
 PARULSKI Roman S G338-0951
 1796 ZUPNYK Dayton G334-3235
 1880 MURPHY William K G334-3962
 1907 FINK Robert D338-2653
 1918 ROCHWITE Dennis E338-6394
 1919 HOUBEK Dale F338-8436
 KUECKLER Dennis338-6394
 1925 BREUER Roger334-9759
 1926 HERNIKL Andrew G338-2985
 1927 BOHN Ann334-3377
 1932 MAUMANN Glenn J338-6033
 1933 SCHMIDT Thomas W G334-3652
 1943 FREE John H334-7915
 1944 GERRING Andrew G334-7844
 1951 KOPESCHKA Richard A338-6043
 1959 TENNERMANN James338-6080
 1967 HERBENER Leroy H G334-3348
 1985 WOLLNER Ray J G334-4608
 2030 BECK Genevieve R334-4608
 BECK Joe G334-4608
 BECK Joe Jr334-4608
MAPLEWYNDE RD (0825)
 101 BERGSTROM Robert C334-5145
 103 DeLeon Michael A338-0036
 108 CHEMER Samuel G338-8198
 116 MEDOWER Robert A G334-4324
 124 BREMSER Billy G338-0059
 129 BRAMBLETT Michael T338-0939
 134 McLAUGHLIN Merle338-673
 142 GISH Jimmy G338-169
 150 KINTZLE James R Jr338-193
 157 BARTECK Donald L G334-35
 160 KRAUSE Willard338-65
 166 DUCOET Russell P334-2
 167 OLSON William A G334-7
 210 WARE Jeffrey J334-
 211 BENZER Dan A334-
 BENZER David G334-
 BENZER Dean L G334-
 216 DIETENBERGER John J G33-
 217 KISSINGER Harry H G33-
 224 CONRAD James F G33-
 225 BROWN Lewis D Jr G3-
 232 UHRIG Christine33-
 UHRIG John K G33-
 233 FREDERICK Alvin M G33-
 239 PRESCOTT George E33-
 240 SCHMELZLING Hans W G33-
 246 PHILIPPI Edward W G33-
 247 MATENAER Mark A G33-
 253 No Information
 712 COLLINS Patricia
MARGOLIS DR (0830)

MEAD 420

