

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information 2. Facility / Owner Information

County: Outagamie WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude/Longitude (see instructions):
44.2857969 N DD GPS008
-88.4145799 W DDM SCR002
 OTH001

1/4 or Gov't Lot #: NW 1/4 NW 23 Section: 23 Township: 21 N Range: 17 E W

Well Street Address: 2702 N. Richmond Street

Well City, Village or Town: Appleton Well ZIP Code: 54911

Subdivision Name: _____ Lot #: _____

Facility Name: Neighborhood Cleaners (Former)

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-1

Original Well Owner: R Lewis & R Lewis LLC

Present Well Owner: R Lewis & R Lewis LLC

Mailing Address of Present Owner: PO Box 22190

City of Present Owner: Green Bay State: WI ZIP Code: 54305

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 11/2/2020
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach: _____

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

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

Pump and piping removed? Yes No N/A
Liner(s) removed? Yes No N/A
Liner(s) perforated? Yes No N/A
Screen removed? Yes No N/A
Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A
Did sealing material rise to surface? Yes No N/A
Did material settle after 24 hours? Yes No N/A
If yes, was hole retopped? Yes No N/A
If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Total Well Depth From Ground Surface (ft.): 15 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 15

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 8

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>3/8" Bentonite Chips</u>	<u>Surface</u>	<u>15</u>	<u>0.75 Bags</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	DNR Use Only	
<u>General Engineering Company</u>		<u>12/15/21</u>	Date Received	Noted By
Street or Route	Telephone Number	Comments		
<u>916 Silver Lake Drive</u>	<u>(608) 742 2169</u>			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
<u>Portage</u>	<u>WI</u>	<u>53901</u>	<u>Ben Younger</u>	<u>12/16/21</u>

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information 2. Facility / Owner Information

County: Outagamie WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude/Longitude (see instructions):
44.2857969 N Format Code: DD Method Code: GPS008
-88.4145799 W DDM SCR002 OTH001

1/4 1/4 NW NW Section: 23 Township: 21 N Range: 17 E W

Well Street Address: 2702 N. Richmond Street

Well City, Village or Town: Appleton Well ZIP Code: 54911

Subdivision Name: _____ Lot #: _____

Facility Name: Neighborhood Cleaners (Former)

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-2

Original Well Owner: R Lewis & R Lewis LLC

Present Well Owner: R Lewis & R Lewis LLC

Mailing Address of Present Owner: PO Box 22190

City of Present Owner: Green Bay State: WI ZIP Code: 54305

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 11/2/2020
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 15 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 15

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 5

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	0.75 Bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing				DNR Use Only	
General Engineering Company		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Street or Route: <u>916 Silver Lake Drive</u>		City: <u>Portage</u>	State: <u>WI</u>	Telephone Number: <u>(608) 742 2169</u>	Comments
City: <u>Portage</u>		State: <u>WI</u>	ZIP Code: <u>53901</u>	Signature of Person Doing Work: <u>Ben Young</u>	Date Signed: <u>12/16/21</u>

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Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information 2. Facility / Owner Information

County: Outagamie WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude/Longitude (see instructions): 44.2857969 N -88.4145799 W

Format Code: DD GPS008
 DDM SCR002
 OTH001

Section: 23 Township: 21 N Range: 17 E W

Well Street Address: 2702 N. Richmond Street

Well City, Village or Town: Appleton Well ZIP Code: 54911

Subdivision Name: _____ Lot #: _____

Facility Name: Neighborhood Cleaners (Former)

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-3

Original Well Owner: R Lewis & R Lewis LLC

Present Well Owner: R Lewis & R Lewis LLC

Mailing Address of Present Owner: PO Box 22190

City of Present Owner: Green Bay State: WI ZIP Code: 54305

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 11/2/2020
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 15 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 15

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 8

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

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

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	0.5 Bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing				DNR Use Only	
License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By		
<u>General Engineering Company</u>	<u>12/15/21</u>				
Street or Route: <u>916 Silver Lake Drive</u>		Telephone Number: <u>(608) 742 2169</u>	Comments		
City: <u>Portage</u>	State: <u>WI</u>	ZIP Code: <u>53901</u>	Signature of Person Doing Work: <u>Ben Young</u>	Date Signed: <u>12/16/21</u>	

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Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County: Outagamie WI Unique Well # of Removed Well: _____ Hicap #: _____
Latitude/Longitude (see instructions): 44.2857969 N -88.4145799 W
Format Code: DD DDM GPS008 SCR002 OTH001
1/4 1/4 NW NW Section: 23 Township: 21 N Range: 17 E W
Well Street Address: 2702 N. Richmond Street
Well City, Village or Town: Appleton Well ZIP Code: 54911
Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: Neighborhood Cleaners (Former)
Facility ID (FID or PWS): _____
License/Permit/Monitoring #: MW-4
Original Well Owner: R Lewis & R Lewis LLC
Present Well Owner: R Lewis & R Lewis LLC
Mailing Address of Present Owner: PO Box 22190
City of Present Owner: Green Bay State: WI ZIP Code: 54305

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/2/2020
If a Well Construction Report is available, please attach: _____
Construction Type: Drilled Driven (Sandpoint) Dug
 Other (specify): _____
Formation Type: Unconsolidated Formation Bedrock

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Total Well Depth From Ground Surface (ft.): 15 Casing Diameter (in.): 2
Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 15
Was well annular space grouted? Yes No Unknown
If yes, to what depth (feet)? _____ Depth to Water (feet): 7

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>15</u>	<u>0.75 Bags</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing				DNR Use Only	
General Engineering Company		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Street or Route: <u>916 Silver Lake Drive</u>		City: <u>Portage</u>	State: <u>WI</u> ZIP Code: <u>53901</u>	Telephone Number: <u>(608) 742 2169</u>	Signature of Person Doing Work: <u>Bin Young</u>
Comments				Date Signed: <u>12/16/21</u>	

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Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information 2. Facility / Owner Information

County: Outagamie WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude/Longitude (see instructions):
44.2857969 N DD GPS008
-88.4145799 W DDM SCR002
 OTH001

1/4 1/4 NW 1/4 NW Section: 23 Township: 21 N Range: 17 E W

Well Street Address: 2702 N. Richmond Street

Well City, Village or Town: Appleton Well ZIP Code: 54911

Subdivision Name: _____ Lot #: _____

Facility Name: Neighborhood Cleaners (Former)

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-5

Original Well Owner: R Lewis & R Lewis LLC

Present Well Owner: R Lewis & R Lewis LLC

Mailing Address of Present Owner: PO Box 22190

City of Present Owner: Green Bay State: WI ZIP Code: 54305

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 11/3/2020
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 14 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 14

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 4

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

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

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>3/8" Bentonite Chips</u>	<u>Surface</u>	<u>14</u>	<u>0.75 Bags</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing				DNR Use Only	
<u>General Engineering Company</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
<u>916 Silver Lake Drive</u>			<u>12/15/21</u>		
City: <u>Portage</u>		State: <u>WI</u>	Telephone Number: <u>(608) 742 2169</u>	Comments	
ZIP Code: <u>53901</u>	Signature of Person Doing Work: <u>Ben Younger</u>		Date Signed: <u>12/16/21</u>		

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Route to DNR Bureau:

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

Verification Only of Fill and Seal

1. Well Location Information

County <u>Outagamie</u>		WI Unique Well # of Removed Well	Hicap #
Latitude/Longitude (see instructions) <u>44.2857969</u> N <u>-88.4145799</u> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 NW 1/4 NW or Gov't Lot #	Section <u>23</u>	Township <u>21 N</u>	Range <u>17</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <u>2702 N. Richmond Street</u>		Well City, Village or Town <u>Appleton</u>	Well ZIP Code <u>54911</u>
Subdivision Name		Lot #	

2. Facility / Owner Information

Facility Name <u>Neighborhood Cleaners (Former)</u>		
Facility ID (FID or PWS)		
License/Permit/Monitoring # <u>MW-6</u>		
Original Well Owner <u>R Lewis & R Lewis LLC</u>		
Present Well Owner <u>R Lewis & R Lewis LLC</u>		
Mailing Address of Present Owner <u>PO Box 22190</u>		
City of Present Owner <u>Green Bay</u>	State <u>WI</u>	ZIP Code <u>54305</u>

Reason for Removal from Service <u>Closure</u>	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <u>11/3/2020</u>
If a Well Construction Report is available, please attach.	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>14</u>	Casing Diameter (in.) <u>2</u>
Lower Drillhole Diameter (in.) <u>-</u>	Casing Depth (ft.) <u>14</u>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <u>-</u>	Depth to Water (feet) <u>6</u>

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Surface</u>	<u>14</u>	<u>0.5 Bags</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>General Engineering Company</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>12/15/21</u>	DNR Use Only	
Street or Route <u>916 Silver Lake Drive</u>	Telephone Number <u>(608) 742 2169</u>	Comments	Date Received	Noted By
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>Ben Younger</u>	Date Signed <u>12/16/21</u>

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Outagamie	WI Unique Well # of Removed Well	Hicap #	Facility Name Neighborhood Cleaners (Former)
Latitude/Longitude (see instructions) 44.2857969 N -88.4145799 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 NW 1/4 NW or Gov't Lot #	Section 23	Township 21 N	Range 17
Well Street Address 2702 N. Richmond Street	Well City, Village or Town Appleton	Well ZIP Code 54911	License/Permit/Monitoring # P2-1
Subdivision Name	Lot #	Original Well Owner R Lewis & R Lewis LLC	Present Well Owner R Lewis & R Lewis LLC
Reason for Removal from Service Closure	WI Unique Well # of Replacement Well	Mailing Address of Present Owner PO Box 22190	City of Present Owner Green Bay
		State WI	ZIP Code 54305

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

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 11/3/2020	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 25	Casing Diameter (in.) 2	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) -	Casing Depth (ft.) 25	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 10-15	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole			
3/8" Bentonite Chips	From (ft.) Surface	To (ft.) 25	No. Yards, Sacks, Sealant or Volume (circle one) 1 Bag
			Mix Ratio or Mud Weight

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing General Engineering Company	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/15/21	Date Received	Noted By	
Street or Route 916 Silver Lake Drive	City Portage	State WI	ZIP Code 53901	Telephone Number (608) 742 2169	Comments
Signature of Person Doing Work Bin Young				Date Signed 12/16/21	