

Beggs, Tauren R - DNR

From: Honea, William <HoneaW@AyresAssociates.com>
Sent: Wednesday, June 21, 2017 3:22 PM
To: Beggs, Tauren R - DNR
Cc: Scherbert, Lynn
Subject: RE: Initial Comments for Site Investigation Report: White and Lesperance Properties
Attachments: Boring Abandonment Forms.pdf; Figure 5_Soil Isoconcentration Map_r1.pdf; Figure 4_Groundwater Isoconcentration Map_r1.pdf

Hi Tauren,

Thank you for your comments, please see our responses below:

1. Isoconcentration maps for soil (Figure 5) and groundwater (Figure 4) are attached. I used information that Ayres collected to draw the concentration maps. Please note that PAHs and Metals were not included on the soil map because they are widely distributed within the fill throughout the site and at varying concentrations, so it would be difficult to create a meaningful map. The same goes for metals in groundwater.
2. Thank you for sending copies of the historical soil and groundwater analytical results. We understand the need to compile all the historic data at some point prior to closure, however, due to current budget constraints it will be more efficient and cost effective to address this item at that time when the closure package is under preparation. Correspondingly, it will be compiled and screened against the current standards as part of the closure request.
3. The borehole abandonment forms for both this and the 2015 investigation are attached.
4. The protection of groundwater RCLs in Table 1 were corrected to a dilution factor of 2 (see attached).
5. The non-industrial direct contact standard exceedance for benzo(a)pyrene adjacent to historical sample S-13 is consistent with concentrations observed across the site.
6. The new PAH standards decreased the number of exceedances. Only one compound, Benzo(a)pyrene, was found to exceed the current industrial RCL. I also expect to find a decrease in the historical exceedances after that data has been screened against the new standards.
7. Are the results of recent soil and groundwater samples collected from the WPS property expected to impact the committee's closure decision for Lesperance property?
8. Thank you for the update on WPS's plan to sample sediment in early July 2017.

If you have any additional questions or would like us to upload a new document to the DNR ftp site, please don't hesitate to contact me.

Thanks,
Bill

Bill Honea, PG
Geologist

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www.AyresAssociates.com

From: Beggs, Tauren R - DNR [<mailto:Tauren.Beggs@wisconsin.gov>]

Sent: Wednesday, June 07, 2017 3:54 PM

To: Scherbert, Lynn <scherbertl@AyresAssociates.com>

Subject: Initial Comments for Site Investigation Report: White and Lesperance Properties

Hi Lynn,

I started looking at the site investigation report submitted for the above referenced sites. I have some comments so far:

- There needs to be isoconcentration (plume) figures included in the report to show the interpretation of degree and extent of contamination in soil and groundwater based on all the data that has been collected for these sites. As far as the historical data collected (Sigma, EPA, DNR, WPS), it looks like you have all the sample locations on the figures, but do you have access to the old data or have the old data compiled at all? Compiling the data and comparing to current standards will eventually have to be done as part of the closure requests, once these sites would eventually get to a point of closure. It would likely be better to do that now, so all the tables are compiled as part of the site investigation, then when we get to an endpoint with these sites, the data will already be ready for the closure request. I understand there has been a lot of data collected at these sites throughout the years from multiple consultants and soil standards have changed multiple times, so it has made this site complicated to review both from a consulting and regulatory perspective.
- Borehole abandonment forms (Form 3300-005) need to be included in the report for soil borings that were not converted to monitoring wells. I also noticed that these were not included in the 2016 Site Investigation Report for the previous soil borings installed either, so you can include those in this report with the other abandonment forms that are needed.
- Soil to groundwater pathway RCLs are incorrect. These RCLs for Wisconsin are calculated with a dilution factor (DF) of 2, so when looking at the soil RCL spreadsheet (found at the attached link: <http://dnr.wi.gov/topic/Brownfields/Professionals.html>), the correct values are under the column with heading 2.00 (for example benzene RCL is 0.0051 mg/kg, not 0.0026 mg/kg).
- AGP-13 confirmed the non-industrial direct contact standard exceedances for PAHs adjacent to historical sample S-13, so I will need to discuss this unusual issue with my supervisor on how to proceed moving forward.
- The new PAH standards (March 2017) have decreased the amount of soil samples above industrial and/or non-industrial direct contact standards.
- Additional soil and groundwater sampling has recently been conducted on the WPS property, which includes some samples just north of the Lesperance property boundary. The report has not been submitted to the DNR yet, so I do not have those results yet.
- For an update on sediment sampling plans, WPS plans to initiate sediment sampling in early July 2017, which includes sampling of sediment adjacent to the Lesperance and White Properties.

If you would like to discuss any of the above comments with me, please feel free to contact me.

Regards,

We are committed to service excellence.

Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

Tauren R. Beggs

Hydrogeologist & Northeast Region Land Recycling Expert

Remediation and Redevelopment Program

Wisconsin Department of Natural Resources

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Green Bay, WI 54313
Phone: (920) 662-5178
Tauren.Beggs@wisconsin.gov



dnr.wi.gov



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 <u>Manitowoc</u>		WI Unique Well # of Removed Well <u>AG-P-1</u>		Hicap #		Facility Name <u>Lesperance Property</u>	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		_____	
_____ W		<input type="checkbox"/> OTH001		_____		_____	
1/4 NW 1/4 NW		Section <u>1</u>		Township <u>19 N</u>		Range <u>24</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
or Gov't Lot #		Well Street Address <u>2022 School St</u>		Well City, Village or Town <u>Two Rivers</u>		Well ZIP Code <u>54241</u>	
Subdivision Name		Well ZIP Code <u>54241</u>		Lot #		Original Well Owner	
Reason for Removal from Service <u>Investigation Borehole</u>		WI Unique Well # of Replacement Well		City of Present Owner <u>Manitowoc</u>		State <u>WI</u>	
3. Filled & Sealed Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) <u>4/6/2015</u>		If a Well Construction Report is available, please attach.		ZIP Code <u>54220</u>	
<input type="checkbox"/> Monitoring Well		Construction Type:		<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Dug	
<input type="checkbox"/> Water Well		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Other (specify): _____		Formation Type:	
<input checked="" type="checkbox"/> Borehole / Drillhole		<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <u>10.0</u>	
Casing Diameter (in.)		Casing Depth (ft.)		Sealing Materials		For Monitoring Wells and Monitoring Well Boreholes Only:	
<u>2.0</u>		_____		<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Bentonite Chips	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet)		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Concrete	
If yes, to what depth (feet)?		_____		<input type="checkbox"/> Bentonite - Cement Grout		<input type="checkbox"/> Bentonite Slurry	
_____		_____		<input type="checkbox"/> Granular Bentonite		_____	

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): _____

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite Chips</u>	<u>Surface</u>	<u>10</u>	<u>0.3</u>	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Ayres Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/6/2015</u>	Date Received	Noted By	
Street or Route <u>N17 W24222 Riverwood Dr, Ste 310</u>	Telephone Number <u>(262) 522-4924</u>	Comments			
City <u>Waukesha</u>	State <u>WI</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>6/13/17</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 <u>Manitowoc</u>		WI Unique Well # of Removed Well <u>AGP-2</u>		Hicap #		Facility Name <u>Lesperance Property</u>	
Latitude / Longitude (see instructions)		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)	
N W						License/Permit/Monitoring #	
1/4 1/4 <u>NW</u> 1/4 <u>NW</u>		Section <u>1</u>		Township <u>19 N</u>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
or Gov't Lot #						Original Well Owner	
Well Street Address <u>2022 School St</u>				Present Well Owner <u>Manitowoc County</u>			
Well City, Village or Town <u>Two Rivers</u>				Well ZIP Code <u>54241</u>			
Subdivision Name				Lot #		Mailing Address of Present Owner <u>1110 South 9th St</u>	
						City of Present Owner <u>Manitowoc</u>	
						State <u>WI</u>	
						ZIP Code <u>54220</u>	

Reason for Removal from Service <u>Investigation Borehole</u>		WI Unique Well # of Replacement Well	
3. Filled & Sealed Well / Drillhole / Borehole Information			
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <u>4/6/2015</u>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input checked="" type="checkbox"/> Borehole / Drillhole			
Construction Type:			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Dug	
Formation Type:			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>10.0</u>		Casing Diameter (in.)	
Lower Drillhole Diameter (in.) <u>2.0</u>		Casing Depth (ft.)	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet)	

4. Pump, Liner, Screen, Casing & Sealing Material			
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sack's Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Surface</u>	<u>10</u>	<u>0.3</u>	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Ayres Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/6/2015</u>	Date Received	Noted By
Street of Route <u>N17 W24222 Riverwood Dr Ste 310</u>		Telephone Number <u>(262) 522-4924</u>	Comments	
City <u>Waukesha</u>	State <u>WI</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>ECM Hoar</u>	Date Signed <u>6/13/17</u>

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

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 <u>Manitowish</u>		WI Unique Well # of Removed Well <u>AGP-3</u>		Hicap #		Facility Name <u>Lesperance Property</u>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 <u>NW</u> / <u>NW</u>		Section <u>1</u>		Township <u>19 N</u>		License/Permit/Monitoring #	
or Gov't Lot #		Range <u>24</u>		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address <u>2022 School St</u>				Present Well Owner <u>Manitowish County</u>			
Well City, Village or Town <u>Two Rivers</u>				Mailing Address of Present Owner <u>1110 South 9th St</u>			
Subdivision Name				Lot #		City of Present Owner <u>Manitowish</u>	
						State <u>WI</u>	
						ZIP Code <u>54220</u>	

Reason for Removal from Service
Investigation Borehole

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)
4/6/2015

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.)
10.0

Casing Diameter (in.)

Lower Drillhole Diameter (in.)
2.0

Casing Depth (ft.)

Was well annular space grouted? Yes No Unknown

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

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

Required Method of Placing Sealing Material

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

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>Surface</u>	<u>10</u>	<u>0.3</u>	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Aynes Associates</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/6/2015</u>	Date Received	Noted By
Street or Route <u>N17 W24222 Riverwood Dr Ste 310</u>			Telephone Number <u>(262) 522-4924</u>	Comments	
City <u>Waukesha</u>	State <u>WI</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>Eric J. Scott</u>	Date Signed <u>6/13/17</u>	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Route to DNR Bureau:

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

Verification Only of Fill and Seal

1. Well Location Information

County <u>Manitowish</u>	WI Unique Well # of Removed Well <u>AGP-4</u>	Hicap #
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 NW 1/4 NW or Gov't Lot #	Section <u>1</u>	Township <u>19 N</u>
Well Street Address <u>2022 School St</u>	Range <u>24</u>	Original Well Owner
Well City, Village or Town <u>Two Rivers</u>	Well ZIP Code <u>54241</u>	Present Well Owner <u>Manitowish County</u>
Subdivision Name	Lot #	Mailing Address of Present Owner <u>1110 South 9th St</u>
Reason for Removal from Service <u>Investigation Borehole</u>	WI Unique Well # of Replacement Well	City of Present Owner <u>Manitowish</u>

2. Facility / Owner Information

Facility Name <u>Lesperance Property</u>	State <u>WI</u>	ZIP Code <u>54220</u>
Facility ID (FID or PWS)	City of Present Owner <u>Manitowish</u>	
License/Permit/Monitoring #	ZIP Code <u>54220</u>	

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <u>4/7/2015</u>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) <u>10.0</u>	Casing Diameter (in.)
Lower Drillhole Diameter (in.) <u>2.0</u>	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet)
If yes, to what depth (feet)?	

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	10	0.3	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>Aynes Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/7/2015</u>	DNR Use Only	
Street or Route <u>N17 W24222 Riverwood Dr, Ste 310</u>	Telephone Number <u>(262) 522-4924</u>	Comments	Date Received	Noted By
City <u>Waukesha</u>	State <u>WI</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>Kevin Jones</u>	Date Signed <u>6/13/17</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:

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

Verification Only of Fill and Seal

1. Well Location Information

County <u>Manitowoc</u>	WI Unique Well # of Removed Well <u>AGP-5</u>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ <u>NW</u> / ¼ <u>NW</u> or Gov't Lot #	Section <u>1</u>	Township <u>19 N</u>
Well Street Address <u>1910 20th St</u>	Well ZIP Code <u>54241</u>	Range <u>24</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <u>Two Rivers</u>	Well ZIP Code <u>54241</u>	Lot #
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name <u>White Property</u>		
Facility ID (FID or PWS) <u>436013160</u>		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <u>Manitowoc County</u>		
Mailing Address of Present Owner <u>1110 South 9th St</u>		
City of Present Owner <u>Manitowoc</u>	State <u>WI</u>	ZIP Code <u>54220</u>

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <u>4/7/2015</u>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>10.0</u>	Casing Diameter (in.)
Lower Drillhole Diameter (in.) <u>2.0</u>	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite Chips</u>	<u>Surface</u>	<u>10</u>	<u>0.3</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>Ayres Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/7/2015</u>	DNR Use Only	
Street or Route <u>N17 W24222 Riverwood Dr, Ste 310</u>	Telephone Number <u>(262) 522-4924</u>	Date Received	Noted By	
City <u>Waukesha</u>	State <u>WI</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>ECM</u>	
			Date Signed <u>6/13/17</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 <u>Manitowoc</u>	WI Unique Well # of Removed Well <u>AGP-6</u>	Hicap #	Facility Name <u>White Property</u>		
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <u>436013160</u>
License/Permit/Monitoring #			Original Well Owner		

1/4 1/4 <u>NW</u> or Gov't Lot #	1/4 <u>NW</u>	Section <u>1</u>	Township <u>19 N</u>	Range <u>24</u>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <u>Manitowoc County</u>	
Well Street Address <u>1910 20th St</u>			Well ZIP Code <u>54241</u>			Mailing Address of Present Owner <u>1110 South 9th St</u>	
Well City, Village or Town <u>Two Rivers</u>			City of Present Owner <u>Manitowoc</u>			State <u>WI</u>	ZIP Code <u>54220</u>

Reason for Removal from Service
Investigation Borehole

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <u>4/7/2015</u> 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.) <u>10.0</u>	Casing Diameter (in.)	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.) <u>2.0</u>	Casing Depth (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet)	Sealing Materials	
If yes, to what depth (feet)?		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite Chips</u>	<u>Surface</u>	<u>10</u>	<u>0.3</u>	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Ayres Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
Street or Route <u>W17 W24222 Riverwood Dr, Ste 310</u>		Telephone Number <u>(262) 522-4924</u>		Comments	
City <u>Waukesha</u>	State <u>WI</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>Eoin Ryan</u>		Date Signed <u>6/13/17</u>

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information

County: Manitowoc WI Unique Well # of Removed Well: AG-P-7 Hicap #: _____

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

1/4 NW 1/4 NW Section: 1 Township: 19 N Range: 24 E W

Well Street Address: 1910 20th St

Well City, Village or Town: Two Rivers Well ZIP Code: 54241

Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: White Property

Facility ID (FID or PWS): 436013160

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: Manitowoc County

Mailing Address of Present Owner: 1110 South 9th St

City of Present Owner: Manitowoc State: WI ZIP Code: 54220

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 4/7/2015

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.): 10.0 Casing Diameter (in.): _____

Lower Drillhole Diameter (in.): 2.0 Casing Depth (ft.): _____

Was well annular space grouted? Yes No Unknown

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

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

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

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	10	0.3	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: <u>Aures Associates</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>4/7/2015</u>	Date Received: _____	Noted By: _____
Street or Route: <u>N17 W24222 Riverwood Dr, Ste 310</u>		Telephone Number: <u>(262) 522-4924</u>	Comments: _____	
City: <u>Waukesha</u>	State: <u>WI</u>	ZIP Code: <u>53188</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>6/13/17</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:

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

Verification Only of Fill and Seal

1. Well Location Information

County <u>Manitowoc</u>	WI Unique Well # of Removed Well <u>AGP-8</u>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 <u>NW</u> 1/4 <u>NW</u> or Gov't Lot #	Section <u>1</u>	Township <u>19 N</u>
Well Street Address <u>1910 20th St</u>	Range <u>24</u>	Original Well Owner
Well City, Village or Town <u>Two Rivers</u>	Well ZIP Code <u>54241</u>	Present Well Owner <u>Manitowoc County</u>
Subdivision Name	Lot #	Mailing Address of Present Owner <u>1110 South 9th St</u>
		City of Present Owner <u>Manitowoc</u>
		State <u>WI</u>
		ZIP Code <u>54220</u>

2. Facility / Owner Information

Facility Name <u>White Property</u>
Facility ID (FID or PWS) <u>436013160</u>
License/Permit/Monitoring #
Original Well Owner
Present Well Owner <u>Manitowoc County</u>
Mailing Address of Present Owner <u>1110 South 9th St</u>
City of Present Owner <u>Manitowoc</u>
State <u>WI</u>
ZIP Code <u>54220</u>

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <u>4/7/2015</u>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>10.0</u>	Casing Diameter (in.)
Lower Drillhole Diameter (in.) <u>2.0</u>	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 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>10</u>	<u>0.3</u>	

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Surface</u>	<u>10</u>	<u>0.3</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>Ayres Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/7/2015</u>	DNR Use Only	
Street or Route <u>N17 W24222 Riverwood Dr, Ste 310</u>	State <u>WI</u>	Telephone Number <u>(262) 522-4924</u>	Date Received	Noted By
City <u>Waukesha</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>ECM Goon</u>	Comments	Date Signed <u>6/13/17</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

County <u>Manitowoc</u>		WI Unique Well # of Removed Well <u>AGP-9</u>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 <u>NW</u>	1/4 <u>NW</u>	Section <u>1</u>	Township <u>19 N</u>
or Gov't Lot #		Range <u>24</u>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <u>1910 20th St</u>			
Well City, Village or Town <u>Two Rivers</u>		Well ZIP Code <u>54241</u>	
Subdivision Name		Lot #	

2. Facility / Owner Information

Facility Name <u>White Property</u>		
Facility ID (FID or PWS) <u>436013160</u>		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <u>Manitowoc County</u>		
Mailing Address of Present Owner <u>1110 South 9th St</u>		
City of Present Owner <u>Manitowoc</u>	State <u>WI</u>	ZIP Code <u>54220</u>

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <u>4/7/2015</u>
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>10.0</u>	Casing Diameter (in.)
Lower Drillhole Diameter (in.) <u>2.0</u>	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" 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 type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite Chips</u>	<u>Surface</u>	<u>10</u>	<u>0.3</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>Aynes Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/7/2015</u>	DNR Use Only	
Street or Route <u>N17 W24222 Riverwood Dr, Ste 310</u>	Telephone Number <u>(262) 522-4924</u>	Comments	Date Received	Noted By
City <u>Two Rivers</u>	State <u>WI</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>John Scott</u>	Date Signed <u>6/13/17</u>

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

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 <u>Manitowoc</u>	WI Unique Well # of Removed Well <u>AGP-10</u>	Hicap #	Facility Name <u>White Property</u>
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <u>436013160</u>
1/4 1/4 <u>NW</u> 1/4 <u>NW</u> or Gov't Lot #	Section <u>1</u>	Township <u>19 N</u>	License/Permit/Monitoring #
		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner
Well Street Address <u>1910 20th St</u>	Well City, Village or Town <u>Two Rivers</u>	Well ZIP Code <u>54241</u>	Present Well Owner <u>Manitowoc County</u>
Subdivision Name	Lot #	City of Present Owner <u>Manitowoc</u>	Mailing Address of Present Owner <u>1110 South 9th St</u>
		State <u>WI</u>	ZIP Code <u>54220</u>

Reason for Removal from Service
Investigation Borehole

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
4/7/2015

Water Well

Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

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

10.0 _____

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

2.0 _____

Was well annular space grouted? Yes No Unknown

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

_____ _____

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

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>Surface</u>	<u>10</u>	<u>0.3</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>Aves Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	DNR Use Only	
Street or Route <u>W17 W24222 Riverwood Dr, Ste 310</u>	State <u>WI</u>	Telephone Number <u>(262) 522-4924</u>	Date Received	Noted By
City <u>Waukesha</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>Tom Sloan</u>	Date Signed <u>6/13/17</u>	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information

County: Manitowish WI Unique Well # of Removed Well: AG-P-11 Hicap #: _____

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

1/4 NW 1/4 NW Section: i Township: 19 N Range: E W

Well Street Address: 2022 School St

Well City, Village or Town: Two Rivers Well ZIP Code: 54241

Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: Lesperance Property

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: Manitowish County

Mailing Address of Present Owner: 1110 South 9th St

City of Present Owner: Manitowish State: WI ZIP Code: 54220

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 4/7/2015
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 10.0 Casing Diameter (in.): _____

Lower Drillhole Diameter (in.): 2.0 Casing Depth (ft.): _____

Was well annular space grouted? Yes No Unknown

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

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

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

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	10	0.3	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: <u>Aynes Associates</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>4/7/2015</u>	Date Received: _____	Noted By: _____	
Street of Route: <u>N17 W24222 Rivewood Dr, Ste 310</u>	Telephone Number: <u>(262) 522-4924</u>	Comments: _____			
City: <u>Waukesha</u>	State: <u>WI</u>	ZIP Code: <u>53188</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>4/17/17</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 Manitowoc	WI Unique Well # of Removed Well AG-P-12	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 NW 1/4 NW or Gov't Lot #	Section 1	Township 19 N
Well Street Address 1910 20th St	Well ZIP Code 54241	Range 24 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Two Rivers	Subdivision Name	Lot #

Facility Name White Property		
Facility ID (FID or PWS) 436013160		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner Manitowoc County		
Mailing Address of Present Owner 1110 South 9th St		
City of Present Owner Manitowoc	State WI	ZIP Code 54220

Reason for Removal from Service Investigation Borehole	WI Unique Well # of Replacement Well
--	--------------------------------------

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 8/18/2016
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 10.0	Casing Diameter (in.)
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Lower Drillhole Diameter (in.) 2.0"	Casing Depth (ft.)
---	--------------------

Was well annular space grouted? Yes No Unknown

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

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

Pump and piping removed?	<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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	10	0.3	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Avres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 8/18/2016	DNR Use Only	
Street or Route N17 W24222 Riverwood Dr, Ste 310	City Waukesha	State WI	ZIP Code 53188	Date Received
Telephone Number (262) 522-4924	Signature of Person Doing Work William Honca	Date Signed 6/8/2017	Comments	

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 Manitowoc	WI Unique Well # of Removed Well AG-P-13	Hicap #	Facility Name White Property
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 436013160
1/4 1/4 NW 1/4 NW	Section 1	Township 19 N	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
or Gov't Lot #			License/Permit/Monitoring #
Well Street Address 1910 20th St	Well ZIP Code 54241	Original Well Owner	Present Well Owner Manitowoc County
Well City, Village or Town Two Rivers	Subdivision Name	City of Present Owner Manitowoc	State WI
	Lot #	ZIP Code 54220	

Reason for Removal from Service
Investigation Borehole

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
8/18/2016

Water Well

Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

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

10.0 _____

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

2.0" _____

Was well annular space grouted? Yes No Unknown

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

_____ _____

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

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	10	0.3	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing License # Date of Filling & Sealing or Verification (mm/dd/yyyy) Date Received Noted By

Ayres Associates _____ **8/18/2016** _____ _____

Street or Route Telephone Number Comments

N17 W24222 Riverwood Dr, Ste 310 **(262) 522-4924** _____

City State ZIP Code Signature of Person Doing Work Date Signed

Waukesha **WI** **53188** **William Honca** **6/8/2017**

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 Manitowoc		WI Unique Well # of Removed Well AG-P-14		Hicap #		Facility Name White Property	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 436013160	
1/4 / 1/4 NW 1/4 NW		Section 1		Township 19 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W 24	
Well Street Address 1910 20th St		Well ZIP Code 54241		Original Well Owner		Present Well Owner Manitowoc County	
Well City, Village or Town Two Rivers		Subdivision Name		Lot #		Mailing Address of Present Owner 1110 South 9th St	
Reason for Removal from Service Investigation Borehole		WI Unique Well # of Replacement Well		City of Present Owner Manitowoc		State WI ZIP Code 54220	

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

<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 8/18/2016		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Borehole / Drillhole				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 10.0		Casing Diameter (in.)		If yes, was hole retopped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.0"		Casing Depth (ft.)		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Required Method of Placing Sealing Material	
If yes, to what depth (feet)?		Depth to Water (feet)		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	10	0.3	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Ayres Associates		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 8/18/2016		Date Received		Noted By	
Street or Route N17 W24222 Riverwood Dr, Ste 310		Telephone Number (262) 522-4924		Comments					
City Waukesha		State WI		ZIP Code 53188		Signature of Person Doing Work William Honca		Date Signed 6/8/2017	

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 Manitowoc	WI Unique Well # of Removed Well AGP-15	Hicap #	Facility Name White Property
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 436013160
1/4 1/4 NW 1/4 NW	Section 1	Township 19 N	License/Permit/Monitoring #
or Gov't Lot #	Range 24	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner
Well Street Address 1910 20th St	Well ZIP Code 54241	Present Well Owner Manitowoc County	Mailing Address of Present Owner 1110 South 9th St
Well City, Village or Town Two Rivers	Subdivision Name	City of Present Owner Manitowoc	State WI
	Lot #		ZIP Code 54220

Reason for Removal from Service
Investigation Borehole

WI Unique Well # of Replacement Well

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

Monitoring Well Original Construction Date (mm/dd/yyyy)
8/18/2016

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.)
10.0

Casing Diameter (in.)

Lower Drillhole Diameter (in.)
2.0"

Casing Depth (ft.)

Was well annular space grouted? Yes No Unknown

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

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	10.	0.3	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 8/18/2016	Date Received	Noted By
Street or Route N17 W24222 Riverwood Dr, Ste 310	Telephone Number (262) 522-4924	Comments		
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work William Honca	Date Signed 6/8/2017

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 Manitowoc		WI Unique Well # of Removed Well AGP-16	Hicap #	Facility Name White Property
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 436013160
1/4 1/4 NW or Gov't Lot #	1/4 NW	Section 1	Township 19 N	License/Permit/Monitoring #
Well Street Address 1910 20th St		Range 24	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner
Well City, Village or Town Two Rivers		Well ZIP Code 54241		Present Well Owner Manitowoc County
Subdivision Name		Lot #	City of Present Owner Manitowoc	Mailing Address of Present Owner 1110 South 9th St
Reason for Removal from Service Investigation Borehole		WI Unique Well # of Replacement Well	State WI	ZIP Code 54220

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 8/18/2016	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material
Total Well Depth From Ground Surface (ft.) 10.0	Casing Diameter (in.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
Lower Drillhole Diameter (in.) 2.0"	Casing Depth (ft.)	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet)	Sealing Materials
If yes, to what depth (feet)?		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	10	0.3	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Avres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 8/18/2016	Date Received	Noted By
Street or Route N17 W24222 Riverwood Dr, Ste 310	Telephone Number (262) 522-4924	Comments		
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work William Honen	Date Signed 6/8/2017

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County <i>Manitowoc</i>	WI Unique Well # of Removed Well <i>AGP-17</i>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 <i>NW</i> 1/4 <i>NW</i> or Gov't Lot #	Section <i>1</i>	Township <i>19 N</i>
Well Street Address <i>2022 School St</i>	Well ZIP Code <i>54241</i>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W <i>24</i>
Well City, Village or Town <i>Two Rivers</i>	Subdivision Name	Lot #

Facility Name <i>Lesperance Property</i>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <i>Manitowoc County</i>		
Mailing Address of Present Owner <i>1110 South 9th St</i>		
City of Present Owner <i>Manitowoc</i>	State <i>WI</i>	ZIP Code <i>54220</i>

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>8/18/2017</i>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <i>5.0</i>	Casing Diameter (in.)
Lower Drillhole Diameter (in.) <i>2.0</i>	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>Bentonite Chips</i>	<i>Surface</i>	<i>5</i>	<i>0.25 0.15</i>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <i>Ayres Associates</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>8/18/2016</i>	DNR Use Only	
Street or Route <i>N17 W24222 Riverwood Dr, Ste 310</i>	City <i>Waukesha</i>	State <i>WI</i>	ZIP Code <i>53188</i>	Date Received
Telephone Number <i>(262) 522-4924</i>	Signature of Person Doing Work <i>William Honer</i>	Comments	Date Signed <i>6/8/2017</i>	Noted By

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County <u>Manitowoc</u>	WI Unique Well # of Removed Well <u>AGP-18</u>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 or Gov't Lot # <u>NW</u> <u>NW</u>	Section <u>1</u>	Township <u>19 N</u>
		Range <u>24</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <u>2022 School St</u>		
Well City, Village or Town <u>Two Rivers</u>		Well ZIP Code <u>54241</u>
Subdivision Name		Lot #

2. Facility / Owner Information

Facility Name <u>Lesperance Property</u>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <u>Manitowoc County</u>		
Mailing Address of Present Owner <u>1110 South 9th St</u>		
City of Present Owner <u>Manitowoc</u>	State <u>WI</u>	ZIP Code <u>54220</u>

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <u>8/18/2017</u>
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>5.0</u>	Casing Diameter (in.)
Lower Drillhole Diameter (in.) <u>2.0</u>	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole

<u>Bentonite Chips</u>

From (ft.)	To (ft.)	No. Yards Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>5</u>	<u>0.25</u> 0.15	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>Avres Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>8/18/2016</u>	DNR Use Only	
Street or Route <u>N17 W24222 Riverwood Dr, Ste 310</u>	State <u>WI</u>	ZIP Code <u>53188</u>	Date Received	Noted By
City <u>Waukesha</u>	Telephone Number <u>(262) 522-4924</u>	Signature of Person Doing Work <u>William Honer</u>	Comments	Date Signed <u>6/8/2017</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

County <u>Manitowoc</u>	WI Unique Well # of Removed Well <u>AGP-19</u>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 <u>NW</u> / <u>NW</u> or Gov't Lot #	Section <u>1</u>	Township <u>19 N</u>
Well Street Address <u>2022 School St</u>	Range <u>24</u>	Original Well Owner
Well City, Village or Town <u>Two Rivers</u>	Well ZIP Code <u>54241</u>	Present Well Owner <u>Manitowoc County</u>
Subdivision Name	Lot #	Mailing Address of Present Owner <u>1110 South 9th St</u>
Reason for Removal from Service <u>Investigation Borehole</u>	WI Unique Well # of Replacement Well	City of Present Owner <u>Manitowoc</u>
		State <u>WI</u>
		ZIP Code <u>54220</u>

2. Facility / Owner Information

Facility Name <u>Lesperance Property</u>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <u>Manitowoc County</u>		
Mailing Address of Present Owner <u>1110 South 9th St</u>		
City of Present Owner <u>Manitowoc</u>	State <u>WI</u>	ZIP Code <u>54220</u>

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <u>8/18/2017</u>
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>5.0</u>	Casing Diameter (in.)
Lower Drillhole Diameter (in.) <u>2.0</u>	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

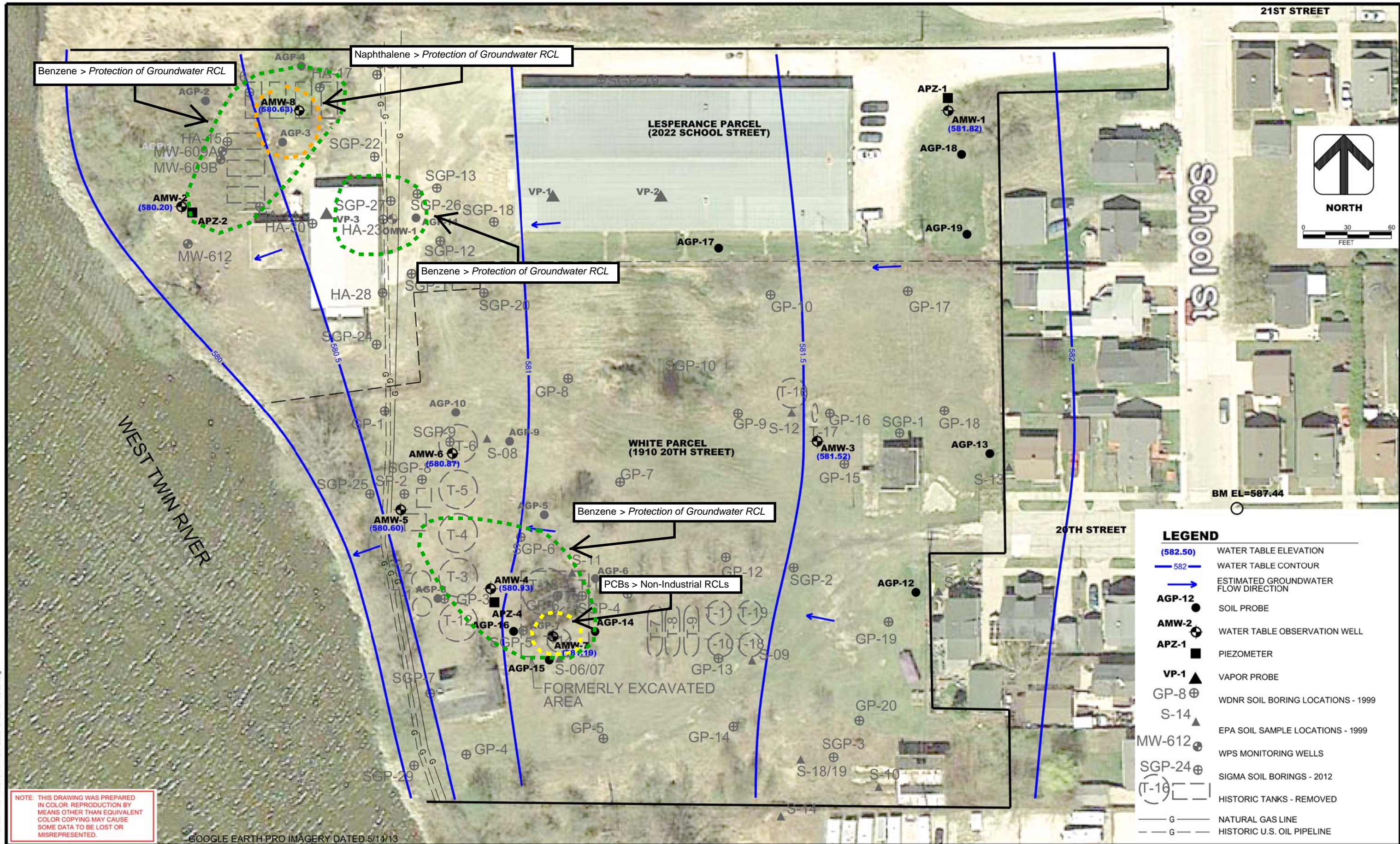
5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite Chips</u>	<u>Surface</u>	<u>5</u>	<u>0.25</u> 0.15	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Ayres Associates</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>8/18/2016</u>	Date Received	Noted By
Street or Route <u>N17 W24222 Riverwood Dr, Ste 310</u>	Telephone Number <u>(262) 522-4924</u>	Comments		
City <u>Waukesha</u>	State <u>WI</u>	ZIP Code <u>53188</u>	Signature of Person Doing Work <u>William Honan</u>	Date Signed <u>6/8/2017</u>



Benzene > Protection of Groundwater RCL

Naphthalene > Protection of Groundwater RCL

Benzene > Protection of Groundwater RCL

Benzene > Protection of Groundwater RCL

PCBs > Non-Industrial RCLs

NOTE: THIS DRAWING WAS PREPARED IN COLOR. REPRODUCTION BY MEANS OTHER THAN EQUIVALENT COLOR COPYING MAY CAUSE SOME DATA TO BE LOST OR MISREPRESENTED.

GOOGLE EARTH PRO IMAGERY DATED 5/14/13

- LEGEND**
- (582.50) WATER TABLE ELEVATION
 - 582 — WATER TABLE CONTOUR
 - ESTIMATED GROUNDWATER FLOW DIRECTION
 - AGP-12 SOIL PROBE
 - ⊕ AMW-2 WATER TABLE OBSERVATION WELL
 - APZ-1 PIEZOMETER
 - ▲ VP-1 VAPOR PROBE
 - ⊕ GP-8 WDNR SOIL BORING LOCATIONS - 1999
 - ▲ S-14 EPA SOIL SAMPLE LOCATIONS - 1999
 - ⊕ MW-612 WPS MONITORING WELLS
 - ⊕ SGP-24 SIGMA SOIL BORINGS - 2012
 - (T-16) HISTORIC TANKS - REMOVED
 - G — NATURAL GAS LINE
 - - - G - - - HISTORIC U.S. OIL PIPELINE

12/22/2016
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 W:\ENV\CAD\Env_sites\Two Rivers\Nov 2016 Ground Water.dgn

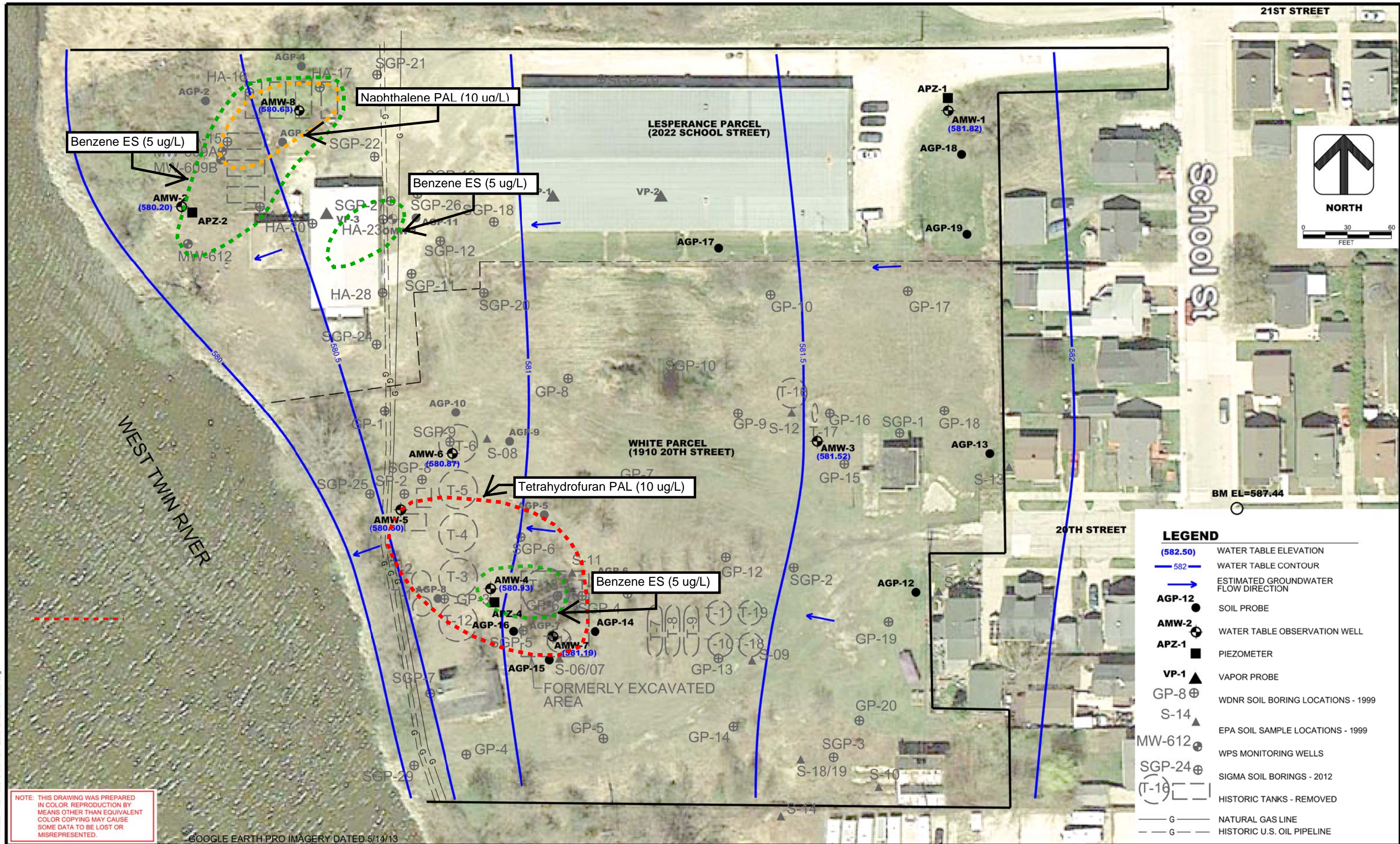
DR BY	T. SHUPERT	BOOK NO.	
CHK BY	J. STEINER	JOB NO.	19-0558.00
DATE	DECEMBER 2015	SCALE	AS SHOWN
NO.		DATE	
REVISION		NO.	
REVISION		DATE	

1910 20TH STREET & 2022 SCHOOL STREET
TWO RIVERS, WISCONSIN



Soil Isoconcentration Map August 2016

DRAWING NO. 2



NOTE: THIS DRAWING WAS PREPARED IN COLOR. REPRODUCTION BY MEANS OTHER THAN EQUIVALENT COLOR COPYING MAY CAUSE SOME DATA TO BE LOST OR MISREPRESENTED.

GOOGLE EARTH PRO IMAGERY DATED 5/14/13

12/22/2016
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 W:\Bentley_V8\WorkSpace\Projects\Engineering-Services\plctcf\g\ES_text_aub.tbl
 W:\ENV\CAD\Env_sites\Two Rivers\Nov 2016 Ground Water.dgn

DR BY	T. SHUPERT	BOOK NO.	
CHK BY	J. STEINER	JOB NO.	19-0558.00
DATE	DECEMBER 2015	SCALE	AS SHOWN
NO.		DATE	
REVISION		NO.	
REVISION		DATE	

1910 20TH STREET & 2022 SCHOOL STREET
 TWO RIVERS, WISCONSIN



Groundwater Isoconcentration Map January 2017

DRAWING NO.
 2