From: Alan J. Gustafson <agustafson@releeinc.com>
Sent: Friday, May 22, 2020 2:24 PM
To: Schmenk, Colin R -DNR
Cc: Nicole L. LaPlant
Subject: RE: Karcz Ford - Abandonment Forms and Disposal Documentation
Attachments: Vapor Pin Abandoment Documentation.pdf

Hi Colin,

Please use this email as confirmation that the vapor pins at Karcz Ford (Former) – S Side UST (03-05-562646) vapor pins have been abandoned. Two vapor pins SSV-1 and SSV-2 were abandoned and sealed with concrete. Attached is photo documentation showing the completed abandonment process.

If you need anything please let me know. Have a good one!

Alan J. Gustafson - Robert E. Lee & Associates, Inc.
920-544-4416 agustafson@releeinc.com

From: Schmenk, Colin R -DNR [mailto:colinr.schmenk@wisconsin.gov]
Sent: Friday, May 22, 2020 1:44 PM
To: Alan J. Gustafson
Cc: Nicole L. LaPlant
Subject: RE: Karcz Ford - Abandonment Forms and Disposal Documentation

Thanks Alan! Do you also have the vapor point abandonment documentation?

Thank you,
We are committed to service excellence.
Visit our survey at http://dnr.wi.gov/customersurvey to evaluate how I did.

Colin Schmenk
Temporary Cell: (920) 360-1603
Green Bay Phone: (920) 662-5452
Oshkosh Phone: (920) 303-5424
ColinR.Schmenk@Wisconsin.gov

From: Alan J. Gustafson <agustafson@releeinc.com>
Sent: Friday, May 22, 2020 10:19 AM
To: Schmenk, Colin R -DNR <colinr.schmenk@wisconsin.gov>
Cc: Nicole L. LaPlant <nlaplant@releeinc.com>
Subject: Karcz Ford - Abandonment Forms and Disposal Documentation

Morning Colin,

Please find the attached well abandonment forms and documentation of disposal of contaminated groundwater from the Karcz Ford site in Pulaski. If you have any questions for me please don't hesitate to ask. I believe this takes care of the remaining actions needed at the site.

Alan J. Gustafson | Geologist
Robert E. Lee & Associates, Inc.
1250 Centennial Centre Boulevard, Hobart WI 54155
O: 920-662-9641 | D: 920-544-4416 | M: 920-328-3192
agustafson@releeinc.com www.releeinc.com

SSV-1 vapor pin abandonment location

SSV-2 vapor pin abandonment location

TW-9

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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

☐ **Verification Only of Fill and Seal**

Route to: ☐ Drinking Water ☐ Watershed/Wastewater [X] Remediation/Redevelopment ☐ Waste Management ☐ Other: _____

1. Well Location Information

County: BROWN
WI Unique Well # of Removed Well: TW9
Hicap #:
Lattitude / Longitude (Degrees and Minutes): __ __ ° __ __ . __ __ __ 'N / __ __ ° __ __ . __ __ __ 'W
Method Code (see instructions):
¼ / ¼: NE ¼: NE
or Gov't Lot #:
Section: 1
Township: 25 N
Range: 18 [X] E ☐ W
Well Street Address: 222 W Pulaski Street
Well City, Village or Town: Pulaski
Well ZIP Code: 54162-
Subdivision Name:
Lot #:
Reason For Removal From Service: No Longer needed
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: Former Karcz Ford S Side UST
Facility ID (FID or PWS):
License/Permit/Monitoring #:
Original Well Owner:
Present Well Owner:
Mailing Address of Present Owner:
City of Present Owner: State: ZIP Code:

3. Well / Drillhole / Borehole Information

[X] Monitoring Well ☐ Water Well ☐ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 8/23/2017
If a Well Construction Report is available, please attach.

Construction Type: ☐ Drilled ☐ Driven (Sandpoint) ☐ Dug [X] Other (specify): Direct Push

Formation Type: [X] Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
Casing Diameter (in.): 1
Lower Drillhole Diameter (in.): 2.5
Casing Depth (ft.): 3

Was well annular space grouted? ☐ Yes [X] No ☐ Unknown
If yes, to what depth (feet)?
Depth to Water (feet)

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

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

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

Sealing Materials: ☐ Neat Cement Grout ☐ Sand-Cement (Concrete) Grout ☐ Concrete ☐ Clay-Sand Slurry (11 lb./gal. wt.) ☐ Bentonite-Sand Slurry " " ☐ Bentonite Chips

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

5. Material Used To Fill Well / Drillhole

	From (ft.)	To (ft.)	Cubic Feet	
Granular Bentonite	Surface	13	0.28	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Robert E. Lee & Associates, Inc.
License #:
Date of Filling & Sealing (mm/dd/yyyy): 4/23/2020
Street or Route: 1250 Centennial Centre Blvd
Telephone Number: (920) 662-9641
City: Hobart State: WI ZIP Code: 54155-
Signature of Person Doing Work:
Date Signed: 5/21/2020

DNR Use Only
Date Received:
Noted By:
Comments:

TW-10

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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

☐ **Verification Only of Fill and Seal**

Route to: ☐ Drinking Water ☐ Watershed/Wastewater [X] Remediation/Redevelopment ☐ Waste Management ☐ Other: _____

1. Well Location Information

County: BROWN

WI Unique Well # of Removed Well: TW10

Hicap #:

Lattitude / Longitude (Degrees and Minutes): ___ ° ___ . ___ ' N / ___ ° ___ . ___ ' W

Method Code (see instructions):

¼ / ¼: NE ¼: NE

or Gov't Lot #:

Section: 1 Township: 25 N Range: 18 [X] E ☐ W

Well Street Address: 222 W Pulaski Street

Well City, Village or Town: Pulaski

Well ZIP Code: 54162-

Subdivision Name:

Lot #:

Reason For Removal From Service: No Longer needed

WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: Former Karcz Ford S Side UST

Facility ID (FID or PWS):

License/Permit/Monitoring #:

Original Well Owner:

Present Well Owner:

Mailing Address of Present Owner:

City of Present Owner: State: ZIP Code:

3. Well / Drillhole / Borehole Information

[X] Monitoring Well ☐ Water Well ☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 8/30/2017

If a Well Construction Report is available, please attach.

Construction Type: ☐ Drilled ☐ Driven (Sandpoint) ☐ Dug [X] Other (specify): Direct Push

Formation Type: [X] Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13

Casing Diameter (in.): 1

Lower Drillhole Diameter (in.): 2.5

Casing Depth (ft.): 3

Was well annular space grouted? ☐ Yes [X] No ☐ Unknown

If yes, to what depth (feet)?

Depth to Water (feet)

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

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

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

Sealing Materials: ☐ Neat Cement Grout ☐ Clay-Sand Slurry (11 lb./gal. wt.) ☐ Sand-Cement (Concrete) Grout ☐ Bentonite-Sand Slurry " " ☐ Concrete ☐ Bentonite Chips

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

5. Material Used To Fill Well / Drillhole

	From (ft.)	To (ft.)	Cubic Feet	
Granular Bentonite	Surface	13	0.28	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Robert E. Lee & Associates, Inc.

License #:

Date of Filling & Sealing (mm/dd/yyyy): 4/23/2020

Street or Route: 1250 Centennial Centre Blvd

Telephone Number: (920) 662-9641

City: Hobart State: WI ZIP Code: 54155-

Signature of Person Doing Work:

Date Signed: 5/21/2020

DNR Use Only

Date Received: Noted By: Comments:

TW-11

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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

☐ **Verification Only of Fill and Seal**

Route to: ☐ Drinking Water ☐ Watershed/Wastewater [X] Remediation/Redevelopment ☐ Waste Management ☐ Other: _____

1. Well Location Information

County	WI Unique Well # of Removed Well	Hicap #
BROWN	TW11	

Lattitude / Longitude (Degrees and Minutes)	Method Code (see instructions)
__ __ ° __ __ . __ __ __ 'N __ __ ° __ __ . __ __ __ 'W	

¼ / ¼	¼	Section	Township	Range
NE	NE	1	25 N	18 [X] E ☐ W

or Gov't Lot #

Well Street Address: 222 W Pulaski Street

Well City, Village or Town: Pulaski

Well ZIP Code: 54162-

Subdivision Name:

Lot #:

Reason For Removal From Service: No Longer needed

WI Unique Well # of Replacement Well: __ __ __ __ __

2. Facility / Owner Information

Facility Name: Former Karcz Ford S Side UST

Facility ID (FID or PWS):

License/Permit/Monitoring #:

Original Well Owner:

Present Well Owner:

Mailing Address of Present Owner:

City of Present Owner: | State: | ZIP Code:

3. Well / Drillhole / Borehole Information

[X] Monitoring Well
☐ Water Well
☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 8/30/2017

If a Well Construction Report is available, please attach.

Construction Type:
☐ Drilled ☐ Driven (Sandpoint) ☐ Dug
[X] Other (specify): Direct Push

Formation Type:
[X] Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.)
13	1
Lower Drillhole Diameter (in.)	**Casing Depth (ft.)**
2.5	3

Was well annular space grouted? ☐ Yes [X] No ☐ Unknown

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

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

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

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

Sealing Materials
☐ Neat Cement Grout ☐ Clay-Sand Slurry (11 lb./gal. wt.)
☐ Sand-Cement (Concrete) Grout ☐ Bentonite-Sand Slurry " "
☐ Concrete ☐ Bentonite Chips

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

5. Material Used To Fill Well / Drillhole

	From (ft.)	To (ft.)	Cubic Feet	
Granular Bentonite	Surface	13	0.28	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	DNR Use Only: Date Received	Noted By
Robert E. Lee & Associates, Inc.		4/23/2020		

Street or Route	Telephone Number	Comments
1250 Centennial Centre Blvd	(920) 662-9641	

City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Hobart	WI	54155-		5/21/2020

TW-12

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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

☐ Verification Only of Fill and Seal

Route to: ☐ Drinking Water ☐ Watershed/Wastewater [X] Remediation/Redevelopment ☐ Waste Management ☐ Other: _____

1. Well Location Information

County: BROWN
WI Unique Well # of Removed Well: TW12
Hicap #:
Lattitude / Longitude (Degrees and Minutes): __ __ ° __ __ . __ __ __ 'N / __ __ ° __ __ . __ __ __ 'W
Method Code (see instructions): __ __ __ __ __ __
¼ / ¼: NE ¼: NE
or Gov't Lot #:
Section: 1
Township: 25 N
Range: 18 [X] E ☐ W
Well Street Address: 222 W Pulaski Street
Well City, Village or Town: Pulaski
Well ZIP Code: 54162-
Subdivision Name:
Lot #:
Reason For Removal From Service: No Longer needed
WI Unique Well # of Replacement Well: __ __ __ __ __

2. Facility / Owner Information

Facility Name: Former Karcz Ford S Side UST
Facility ID (FID or PWS):
License/Permit/Monitoring #:
Original Well Owner:
Present Well Owner:
Mailing Address of Present Owner:
City of Present Owner:
State:
ZIP Code:

3. Well / Drillhole / Borehole Information

[X] Monitoring Well
☐ Water Well
☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 8/30/2017
If a Well Construction Report is available, please attach.

Construction Type: ☐ Drilled ☐ Driven (Sandpoint) ☐ Dug [X] Other (specify): Direct Push

Formation Type: [X] Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
Casing Diameter (in.): 1
Lower Drillhole Diameter (in.): 2.5
Casing Depth (ft.): 3

Was well annular space grouted? ☐ Yes [X] No ☐ Unknown
If yes, to what depth (feet)?:
Depth to Water (feet):

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

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

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

Sealing Materials
☐ Neat Cement Grout ☐ Clay-Sand Slurry (11 lb./gal. wt.)
☐ Sand-Cement (Concrete) Grout ☐ Bentonite-Sand Slurry " "
☐ Concrete ☐ Bentonite Chips

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

5. Material Used To Fill Well / Drillhole

	From (ft.)	To (ft.)	Cubic Feet
Granular Bentonite	Surface	13	0.28

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Robert E. Lee & Associates, Inc.
License #:
Date of Filling & Sealing (mm/dd/yyyy): 4/23/2020
Street or Route: 1250 Centennial Centre Blvd
Telephone Number: (920) 662-9641
City: Hobart
State: WI
ZIP Code: 54155-
Signature of Person Doing Work:
Date Signed: 5/21/2020

DNR Use Only
Date Received:
Noted By:
Comments:

TW-13

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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

☐ **Verification Only of Fill and Seal**

Route to: ☐ Drinking Water ☐ Watershed/Wastewater [X] Remediation/Redevelopment ☐ Waste Management ☐ Other: _____

1. Well Location Information

County	WI Unique Well # of Removed Well	Hicap #
BROWN	TW13	

Lattitude / Longitude (Degrees and Minutes): __ __ ° __ __ . __ __ __ 'N; __ __ ° __ __ . __ __ __ 'W

Method Code (see instructions): __ __ __ __ __ __

¼ / ¼	¼	Section	Township	Range
NE	NE	1	25 N	18 [X] E ☐ W

or Gov't Lot #

Well Street Address: 222 W Pulaski Street

Well City, Village or Town: Pulaski

Well ZIP Code: 54162-

Subdivision Name:

Lot #:

Reason For Removal From Service: No Longer needed

WI Unique Well # of Replacement Well: __ __ __ __ __

2. Facility / Owner Information

Facility Name: Former Karcz Ford S Side UST

Facility ID (FID or PWS):

License/Permit/Monitoring #:

Original Well Owner:

Present Well Owner:

Mailing Address of Present Owner:

City of Present Owner: | State: | ZIP Code:

3. Well / Drillhole / Borehole Information

[X] Monitoring Well
☐ Water Well
☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 8/30/2017

If a Well Construction Report is available, please attach.

Construction Type:
☐ Drilled ☐ Driven (Sandpoint) ☐ Dug
[X] Other (specify): Direct Push

Formation Type:
[X] Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.)
13	1
Lower Drillhole Diameter (in.)	**Casing Depth (ft.)**
2.5	3

Was well annular space grouted? ☐ Yes [X] No ☐ Unknown

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

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

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

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

Sealing Materials
☐ Neat Cement Grout ☐ Clay-Sand Slurry (11 lb./gal. wt.)
☐ Sand-Cement (Concrete) Grout ☐ Bentonite-Sand Slurry " "
☐ Concrete ☐ Bentonite Chips

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

5. Material Used To Fill Well / Drillhole

Material	From (ft.)	To (ft.)	Cubic Feet	
Granular Bentonite	Surface	13	0.28	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	DNR Use Only: Date Received	Noted By
Robert E. Lee & Associates, Inc.		4/23/2020		

Street or Route	Telephone Number	Comments
1250 Centennial Centre Blvd	(920) 662-9641	

City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Hobart	WI	54155-		5/21/2020

TW-15

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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

☐ **Verification Only of Fill and Seal**

Route to: ☐ Drinking Water ☐ Watershed/Wastewater [X] Remediation/Redevelopment ☐ Waste Management ☐ Other: _____

1. Well Location Information

County: BROWN
WI Unique Well # of Removed Well: TW15
Hicap #:
Lattitude / Longitude (Degrees and Minutes): __ __ ° __ __ . __ __ __ 'N / __ __ ° __ __ . __ __ __ 'W
Method Code (see instructions):
¼ / ¼: NE ¼: NE
or Gov't Lot #:
Section: 1
Township: 25 N
Range: 18 [X] E ☐ W
Well Street Address: 222 W Pulaski Street
Well City, Village or Town: Pulaski
Well ZIP Code: 54162-
Subdivision Name:
Lot #:
Reason For Removal From Service: No Longer needed
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: Former Karcz Ford S Side UST
Facility ID (FID or PWS):
License/Permit/Monitoring #:
Original Well Owner:
Present Well Owner:
Mailing Address of Present Owner:
City of Present Owner:
State:
ZIP Code:

3. Well / Drillhole / Borehole Information

[X] Monitoring Well ☐ Water Well ☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 2/28/2018

If a Well Construction Report is available, please attach.

Construction Type: ☐ Drilled ☐ Driven (Sandpoint) ☐ Dug ☐ Other (specify): Direct Push

Formation Type: [X] Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 14
Casing Diameter (in.): 1
Lower Drillhole Diameter (in.): 2.5
Casing Depth (ft.): 4

Was well annular space grouted? ☐ Yes [X] No ☐ Unknown

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

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

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

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

Sealing Materials: ☐ Neat Cement Grout ☐ Clay-Sand Slurry (11 lb./gal. wt.) ☐ Sand-Cement (Concrete) Grout ☐ Bentonite-Sand Slurry " " ☐ Concrete ☐ Bentonite Chips

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

5. Material Used To Fill Well / Drillhole

	From (ft.)	To (ft.)	Cubic Feet	
Granular Bentonite	Surface	14	0.31	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Robert E. Lee & Associates, Inc.
License #:
Date of Filling & Sealing (mm/dd/yyyy): 4/23/2020
Street or Route: 1250 Centennial Centre Blvd
Telephone Number: (920) 662-9641
City: Hobart
State: WI
ZIP Code: 54155-
Signature of Person Doing Work:
Date Signed: 5/21/2020

DNR Use Only
Date Received:
Noted By:
Comments:

TW-16

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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

☐ Verification Only of Fill and Seal

Route to: ☐ Drinking Water ☐ Waste Management ☐ Watershed/Wastewater ☐ Other: [X] Remediation/Redevelopment

1. Well Location Information

County: BROWN
WI Unique Well # of Removed Well: TW16
Hicap #:
Lattitude / Longitude (Degrees and Minutes): ___ ° ___ . ___ ___ ___ 'N / ___ ° ___ . ___ ___ ___ 'W
Method Code (see instructions):
¼ / ¼: NE ¼: NE
or Gov't Lot #:
Section: 1
Township: 25 N
Range: 18 [X] E ☐ W
Well Street Address: 222 W Pulaski Street
Well City, Village or Town: Pulaski
Well ZIP Code: 54162-
Subdivision Name:
Lot #:
Reason For Removal From Service: No Longer needed
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: Former Karcz Ford S Side UST
Facility ID (FID or PWS):
License/Permit/Monitoring #:
Original Well Owner:
Present Well Owner:
Mailing Address of Present Owner:
City of Present Owner: State: ZIP Code:

3. Well / Drillhole / Borehole Information

[X] Monitoring Well ☐ Water Well ☐ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 2/28/2018
If a Well Construction Report is available, please attach.
Construction Type: ☐ Drilled ☐ Driven (Sandpoint) ☐ Dug ☐ Other (specify): Direct Push
Formation Type: [X] Unconsolidated Formation ☐ Bedrock
Total Well Depth From Ground Surface (ft.): 14
Casing Diameter (in.): 1
Lower Drillhole Diameter (in.): 2.5
Casing Depth (ft.): 4
Was well annular space grouted? ☐ Yes [X] No ☐ Unknown
If yes, to what depth (feet)?
Depth to Water (feet)

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

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

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

Sealing Materials: ☐ Neat Cement Grout ☐ Sand-Cement (Concrete) Grout ☐ Concrete ☐ Clay-Sand Slurry (11 lb./gal. wt.) ☐ Bentonite-Sand Slurry " " ☐ Bentonite Chips

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

5. Material Used To Fill Well / Drillhole

	From (ft.)	To (ft.)	Cubic Feet	
Granular Bentonite	Surface	14	0.31	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Robert E. Lee & Associates, Inc.
License #:
Date of Filling & Sealing (mm/dd/yyyy): 4/23/2020
Street or Route: 1250 Centennial Centre Blvd
Telephone Number: (920) 662-9641
City: Hobart State: WI ZIP Code: 54155-
Signature of Person Doing Work:
Date Signed: 5/21/2020

DNR Use Only
Date Received:
Noted By:
Comments:

TW-17

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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

☐ **Verification Only of Fill and Seal**

Route to: ☐ Drinking Water ☐ Watershed/Wastewater [X] Remediation/Redevelopment ☐ Waste Management ☐ Other: _____

1. Well Location Information

County	WI Unique Well # of Removed Well	Hicap #
BROWN	TW17	

Lattitude / Longitude (Degrees and Minutes)	Method Code (see instructions)
__ __ ° __ __ . __ __ __ 'N __ __ ° __ __ . __ __ __ 'W	

¼ / ¼	¼	Section	Township	Range
NE	NE	1	25 N	18 [X] E ☐ W

or Gov't Lot #

Well Street Address: 222 W Pulaski Street

Well City, Village or Town	Well ZIP Code
Pulaski	54162-

Subdivision Name	Lot #

Reason For Removal From Service	WI Unique Well # of Replacement Well
No Longer needed	__ __ __ __ __

2. Facility / Owner Information

Facility Name: Former Karcz Ford S Side UST

Facility ID (FID or PWS):

License/Permit/Monitoring #:

Original Well Owner:

Present Well Owner:

Mailing Address of Present Owner:

City of Present Owner	State	ZIP Code

3. Well / Drillhole / Borehole Information

[X] Monitoring Well ☐ Water Well ☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 2/28/2018

If a Well Construction Report is available, please attach.

Construction Type: ☐ Drilled ☐ Driven (Sandpoint) ☐ Dug ☐ Other (specify): Direct Push

Formation Type: [X] Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.)
14	1
Lower Drillhole Diameter (in.)	**Casing Depth (ft.)**
2.5	4

Was well annular space grouted? ☐ Yes [X] No ☐ Unknown

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

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

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

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

Sealing Materials: ☐ Neat Cement Grout ☐ Clay-Sand Slurry (11 lb./gal. wt.) ☐ Sand-Cement (Concrete) Grout ☐ Bentonite-Sand Slurry " " ☐ Concrete ☐ Bentonite Chips

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

5. Material Used To Fill Well / Drillhole

	From (ft.)	To (ft.)	Cubic Feet	
Granular Bentonite	Surface	14	0.31	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	DNR Use Only: Date Received	Noted By
Robert E. Lee & Associates, Inc.		4/23/2020		

Street or Route	Telephone Number	Comments
1250 Centennial Centre Blvd	(920) 662-9641	

City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Hobart	WI	54155-		5/21/2020

SO122634

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	CESOG		(800) 814-1204	CES 172877

GENERATOR

5. Generator's Name and Mailing Address
Village of Pulaski
222 W. Pulaski Street
Pulaski Wisconsin 54162
Generator's Phone:

Generator's Site Address (if different than mailing address)
Village of Pulaski
222 W. Pulaski Street
Pulaski Wisconsin 54162

6. Transporter 1 Company Name: Covanta Environmental Solutions Carriers II, LLC — U.S. EPA ID Number: WIR000165399

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
Covanta Environmental Solutions
210 Tower Rd.
WINNECONNE WI 54986 (920) 582-7596
Facility's Phone:
U.S. EPA ID Number: WIR000131656

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1.	Non-RCRA, Non-DOT Regulated Material	001	DM	55	G	NONE
2.						
3.						
4.						

13. Special Handling Instructions and Additional Information
1 5000497 JEW Ground Water CWT: N/A PO#:

Trailer #_____
Emergency Response Guide On-hc
Site arrival time _____
Site departure time _____
www.covanta.com

14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Generator's/Offeror's Printed/Typed Name: X — Signature: X Verbal — Month 5 Day 6 Year 20

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Jeff Schnell — Signature: [signature] — Month 5 Day 6 Year 20

Transporter 2 Printed/Typed Name — Signature: — Month Day Year

DESIGNATED FACILITY

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: Derek Koenig — Signature: Derek Koenig — Month 5 Day 7 Year 20