

|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
|----------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>     |  |                                                                                              |                                                                                                                                                                                                                                                                                      | <b>8BL289</b>              |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b> |  |                                                                                                                                                   |          | <small>Form 3300-077A</small>                                                                    |  |                                                     |  |
| Property Owner ELDOR SCHULT                                                |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  | Phone #                                                                                                                     |  | <b>1. Well Location</b>                                                                                                                           |          |                                                                                                  |  | Fire # (if avail.)                                  |  |
| Mailing Address W6303 WOOD AVE.                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  | Town of SCOTT                                                                                                                                     |          |                                                                                                  |  | W6303                                               |  |
| City MERRILL                                                               |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  | State WI                                                                                                                    |  | Zip Code                                                                                                                                          |          |                                                                                                  |  | Street Address or Road Name and Number<br>WOOD AVE. |  |
| County Lincoln                                                             |  | Co. Permit #                                                                                 |                                                                                                                                                                                                                                                                                      | Notification #             |  | Completed<br>10-28-1987                                                                                                     |  | Subdivision Name                                                                                                                                  |          |                                                                                                  |  | Lot #<br>Block #                                    |  |
| Well Constructor (Business Name)<br>ROGER D. LANG - LANG WELL DRILLING CO. |  |                                                                                              |                                                                                                                                                                                                                                                                                      | Lic. #                     |  | Facility ID # (Public Wells)                                                                                                |  | Latitude / Longitude in Decimal Degree (DD)<br><div style="display: flex; justify-content: space-around;"> <span>°N</span> <span>°W</span> </div> |          |                                                                                                  |  | Method Code                                         |  |
| Address                                                                    |  |                                                                                              |                                                                                                                                                                                                                                                                                      | Well Plan Approval #       |  | NE NW                                                                                                                       |  | Section 33                                                                                                                                        |          | Township 31 N                                                                                    |  | Range 6 E                                           |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  | or Govt Lot #                                                                                                               |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Approval Date (mm-dd-yyyy)                                                 |  |                                                                                              |                                                                                                                                                                                                                                                                                      | Approval Date (mm-dd-yyyy) |  | <b>2. Well Type</b><br>of previous unique well #                      constructed in                                        |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  | Reason for replaced or reconstructed well ?                                                                                 |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Hicap Permanent Well #                                                     |  | Common Well #                                                                                |                                                                                                                                                                                                                                                                                      | Specific Capacity          |  | Construction Type                                                                                                           |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| <b>3. Well serves</b> # of Farm                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      | Hicap Well ?               |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Private, potable                                                           |  |                                                                                              |                                                                                                                                                                                                                                                                                      | Hicap Property ?           |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Heat Exchange ____ # of drillholes                                         |  |                                                                                              |                                                                                                                                                                                                                                                                                      | Hicap Potable ?            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                     |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Dia. (in.)    From (ft.)    To (ft.)                                       |  |                                                                                              | Upper Enlarged Drillhole                      Lower Open Bedrock                                                                                                                                                                                                                     |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| 10      Surface      15                                                    |  |                                                                                              | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ____ in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ____ in. dia<br>Removed? ____ depth ft. (If NO explain on back side) |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| 8              15              40                                          |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| 6              40              128                                         |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| <b>8. Geology</b>                                                          |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Geology Codes                                                              |  |                                                                                              | Type, Caving/Noncaving, Color, Hardness, etc...                                                                                                                                                                                                                                      |                            |  | From (ft.)                                                                                                                  |  |                                                                                                                                                   | To (ft.) |                                                                                                  |  |                                                     |  |
| C G                                                                        |  |                                                                                              | Clay, Gravel & Boulders                                                                                                                                                                                                                                                              |                            |  | Surface                                                                                                                     |  |                                                                                                                                                   | 13       |                                                                                                  |  |                                                     |  |
| K Q                                                                        |  |                                                                                              | Black Granite                                                                                                                                                                                                                                                                        |                            |  | 13                                                                                                                          |  |                                                                                                                                                   | 105      |                                                                                                  |  |                                                     |  |
| R Q                                                                        |  |                                                                                              | Red & White Granite                                                                                                                                                                                                                                                                  |                            |  | 105                                                                                                                         |  |                                                                                                                                                   | 128      |                                                                                                  |  |                                                     |  |
| <b>6. Casing, Liner, Screen</b>                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Dia. (in.)                                                                 |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly                         |                                                                                                                                                                                                                                                                                      |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                                                                                          |          | <b>9. Static Water Level</b><br>25 ft. _____ ground surface                                      |  |                                                     |  |
| 6                                                                          |  | Plain End Steel Pipe 6.625 x .280 Wall ASTM A53 Grade B Tested 1780# PSI Sumitomo Metal Ind. |                                                                                                                                                                                                                                                                                      |                            |  | Surface                                                                                                                     |  | 40                                                                                                                                                |          |                                                                                                  |  |                                                     |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Dia. (in.)                                                                 |  | Screen type, material & slot size                                                            |                                                                                                                                                                                                                                                                                      |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                                                                                          |          | <b>11. Well Is</b><br>24 in. above grade                                                         |  |                                                     |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          | Developed ?                                                                                      |  |                                                     |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          | Disinfected ?                                                                                    |  |                                                     |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          | Capped ?                                                                                         |  |                                                     |  |
| <b>7. Grout or Other Sealing Material</b>                                  |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Method                                                                     |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| Kind of Sealing Material                                                   |  |                                                                                              |                                                                                                                                                                                                                                                                                      | From (ft.)                 |  | To (ft.)                                                                                                                    |  | # Sacks Cement                                                                                                                                    |          | <b>12. Notified Owner of need to fill &amp; seal ?</b><br><br>Filled & Sealed Well(s) as needed? |  |                                                     |  |
| Neat Cement                                                                |  |                                                                                              |                                                                                                                                                                                                                                                                                      | Surface                    |  | 40                                                                                                                          |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
| <b>13. Constructor / Supervisory Driller</b>                               |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      | Lic #                      |  |                                                                                                                             |  | Date Signed                                                                                                                                       |          |                                                                                                  |  |                                                     |  |
| Drill Rig Operator                                                         |  |                                                                                              |                                                                                                                                                                                                                                                                                      | Lic or Reg #               |  |                                                                                                                             |  | Date Signed                                                                                                                                       |          |                                                                                                  |  |                                                     |  |
|                                                                            |  |                                                                                              |                                                                                                                                                                                                                                                                                      |                            |  |                                                                                                                             |  |                                                                                                                                                   |          |                                                                                                  |  |                                                     |  |

**4a. Potential Contamination Sources**

Is the well located in floodplain ?

Comment:

Created On: 01-01-1960

Updated On: 06-30-2022

Review Status: