

|                                                                              |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
|------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|------|-------------------------------|--------------------|-------------|---------------|---------|-----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>       |  |                                                                      |  | <b>8BL700</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 LARRY LENSCHMIDT                                              |  |                                                                      |  |                                                 | Phone #                                  |                                                                                                                                                                                                                                                                                              | <b>1. Well Location</b>                     |                                             |      |                               | Fire # (if avail.) |             |               |         |           |  |
| Mailing Address W6069 HWY. 8                                                 |  |                                                                      |  |                                                 | Town of BRADLEY                          |                                                                                                                                                                                                                                                                                              | Street Address or Road Name and Number      |                                             |      |                               |                    |             |               |         |           |  |
| City TOMAHAWK                                                                |  |                                                                      |  | State WI                                        |                                          | Zip Code                                                                                                                                                                                                                                                                                     |                                             | Subdivision Name                            |      |                               |                    | Lot #       |               | Block # |           |  |
| County Lincoln                                                               |  | Co. Permit #                                                         |  | Notification #                                  |                                          | Completed 09-04-1986                                                                                                                                                                                                                                                                         |                                             | Latitude / Longitude in Decimal Degree (DD) |      |                               |                    | Method Code |               |         |           |  |
| Well Constructor (Business Name)<br>RENE STIMART - RHINELANDER WELL DRILLING |  |                                                                      |  |                                                 | Lic. #                                   |                                                                                                                                                                                                                                                                                              | Facility ID # (Public Wells)                |                                             | °N   |                               | °W                 |             |               |         |           |  |
| Address                                                                      |  |                                                                      |  |                                                 | Well Plan Approval #                     |                                                                                                                                                                                                                                                                                              | NW                                          |                                             | NW   |                               | Section 10         |             | Township 35 N |         | Range 6 E |  |
| Approval Date (mm-dd-yyyy)                                                   |  |                                                                      |  |                                                 | or Govt Lot #                            |                                                                                                                                                                                                                                                                                              | 10                                          |                                             | 35 N |                               | 6 E                |             |               |         |           |  |
| Hicap Permanent Well #                                                       |  |                                                                      |  | Common Well #                                   |                                          | Specific Capacity                                                                                                                                                                                                                                                                            |                                             | <b>2. Well Type</b> New Well                |      |                               |                    |             |               |         |           |  |
| Reason for replaced or reconstructed well ?                                  |  |                                                                      |  |                                                 | of previous unique well # constructed in |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| <b>3. Well serves</b> # of Home                                              |  |                                                                      |  |                                                 | Hicap Well ?                             |                                                                                                                                                                                                                                                                                              | Reason for replaced or reconstructed well ? |                                             |      |                               |                    |             |               |         |           |  |
| Private, potable                                                             |  |                                                                      |  |                                                 | Hicap Property ?                         |                                                                                                                                                                                                                                                                                              | Construction Type                           |                                             |      |                               |                    |             |               |         |           |  |
| Heat Exchange ___ # of drillholes                                            |  |                                                                      |  |                                                 | Hicap Potable ?                          |                                                                                                                                                                                                                                                                                              | Construction Type                           |                                             |      |                               |                    |             |               |         |           |  |
| <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            |                    |             |               |         |           |  |
| 6                                                                            |  | Surface                                                              |  | 41                                              |                                          | Rotary - Mud Circulation .....<br><u>Yes</u> 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) |                                             |                                             |      |                               |                    |             |               |         |           |  |
| <b>8. Geology</b>                                                            |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Geology Codes                                                                |  |                                                                      |  | Type, Caving/Noncaving, Color, Hardness, etc... |                                          |                                                                                                                                                                                                                                                                                              |                                             | From (ft.)                                  |      | To (ft.)                      |                    |             |               |         |           |  |
| Q                                                                            |  | S                                                                    |  | Caving Sand                                     |                                          |                                                                                                                                                                                                                                                                                              |                                             | Surface                                     |      | 25                            |                    |             |               |         |           |  |
| X                                                                            |  | S                                                                    |  | Sand & Clay                                     |                                          |                                                                                                                                                                                                                                                                                              |                                             | 25                                          |      | 36                            |                    |             |               |         |           |  |
| S                                                                            |  | S                                                                    |  | Sand                                            |                                          |                                                                                                                                                                                                                                                                                              |                                             | 36                                          |      | 42                            |                    |             |               |         |           |  |
| <b>6. Casing, Liner, Screen</b>                                              |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Dia. (in.)                                                                   |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                                                 |                                          | From (ft.)                                                                                                                                                                                                                                                                                   |                                             | To (ft.)                                    |      |                               |                    |             |               |         |           |  |
| 6                                                                            |  | Black Iron Pipe US Steel PE A120 18.97 lbs./ft. Welded               |  |                                                 |                                          | Surface                                                                                                                                                                                                                                                                                      |                                             | 39                                          |      |                               |                    |             |               |         |           |  |
| 6                                                                            |  | Stainles Steel Screen 10-Slot (Pullback)                             |  |                                                 |                                          | 39                                                                                                                                                                                                                                                                                           |                                             | 42                                          |      |                               |                    |             |               |         |           |  |
| Dia. (in.)                                                                   |  | Screen type, material & slot size                                    |  |                                                 |                                          | From (ft.)                                                                                                                                                                                                                                                                                   |                                             | To (ft.)                                    |      |                               |                    |             |               |         |           |  |
| Method                                                                       |  | Method                                                               |  |                                                 |                                          | Method                                                                                                                                                                                                                                                                                       |                                             | Method                                      |      |                               |                    |             |               |         |           |  |
| <b>7. Grout or Other Sealing Material</b>                                    |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Method                                                                       |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| <b>9. Static Water Level</b>                                                 |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| 6 ft. _____ ground surface                                                   |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| <b>10. Pump Test</b>                                                         |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Pumping level 26 ft. below surface                                           |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Pumping at 20 GP for 1 Hrs.                                                  |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Pumping Method ?                                                             |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| <b>11. Well Is</b>                                                           |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| 12 in. above grade                                                           |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Developed ?                                                                  |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Disinfected ?                                                                |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Capped ?                                                                     |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                       |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| Filled & Sealed Well(s) as needed?                                           |  |                                                                      |  |                                                 |                                          |                                                                                                                                                                                                                                                                                              |                                             |                                             |      |                               |                    |             |               |         |           |  |
| <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: 04-06-2021

Review Status: