

|                                                                                       |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
|---------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|------------------------------------------------------------------|--|--------------------------------------------------------|--|--------------------------------------------------------|--|----------|--|--------------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                |  |                                                                   |  | <b>AAB616</b>              |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b> |  |                                             |  | Form 3300-077A                                                   |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| Property Owner BOLIN, BRANT                                                           |  |                                                                   |  |                            |  | Phone #                                                                                                                     |  | <b>1. Well Location</b>                     |  |                                                                  |  | Fire # (if avail.)                                     |  |                                                        |  |          |  |                    |  |             |  |
| Mailing Address P.O.BOX 273                                                           |  |                                                                   |  |                            |  | Town of COMMONWEALTH                                                                                                        |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| City FLORENCE                                                                         |  |                                                                   |  |                            |  | State WI                                                                                                                    |  | Zip Code 54121                              |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| County Florence                                                                       |  | Co. Permit #                                                      |  | Notification # 7921461701  |  | Completed 03-12-2020                                                                                                        |  | Subdivision Name                            |  |                                                                  |  | Lot # Block #                                          |  |                                                        |  |          |  |                    |  |             |  |
| Well Constructor (Business Name) ROMITTI, JEREME                                      |  |                                                                   |  | Lic. # 6067                |  | Facility ID # (Public Wells)                                                                                                |  |                                             |  | Latitude / Longitude in Decimal Degree (DD) 45.896 °N -88.243 °W |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| Address W8859 COUNTY N NIAGARA WI 54151-0153                                          |  |                                                                   |  | Well Plan Approval #       |  | SE SE                                                                                                                       |  | Section 33                                  |  | Township 40 N                                                    |  | Method Code GPS008                                     |  |                                                        |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  | Approval Date (mm-dd-yyyy) |  | or Govt Lot #                                                                                                               |  | Range 18 E                                  |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| Hicap Permanent Well #                                                                |  | Common Well #                                                     |  | Specific Capacity 0        |  | <b>2. Well Type</b> New Well                                                                                                |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| <b>3. Well serves</b> # of HOME Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                   |  |                            |  | Hicap Well ? No                                                                                                             |  | Reason for replaced or reconstructed well ? |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  | Hicap Property ? No                                                                                                         |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  | Hicap Potable ? No                                                                                                          |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                           |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  | Construction Type Drilled                              |  |                                                        |  |          |  |                    |  |             |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  |                                                        |  | <b>8. Geology</b>                                      |  |          |  |                    |  |             |  |
| Dia. (in.)                                                                            |  | From (ft.)                                                        |  | To (ft.)                   |  | Upper Enlarged Drillhole                                                                                                    |  | Lower Open Bedrock                          |  | Geology Codes                                                    |  | Type, Caving/Noncaving, Color, Hardness, etc...        |  | From (ft.)                                             |  | To (ft.) |  |                    |  |             |  |
| 8                                                                                     |  | Surface                                                           |  | 20                         |  | No Rotary - Mud Circulation .....                                                                                           |  | No                                          |  | R M S                                                            |  | R-RED M-MEDIUM S-SAND                                  |  | Surface                                                |  | 8        |  |                    |  |             |  |
| 6                                                                                     |  | 20                                                                |  | 302                        |  | Yes Rotary - Air .....                                                                                                      |  | Yes                                         |  | R H Z Z                                                          |  | R-RED H-HARD/FIRM Z-CLAY & GRAVEL Z-W/COBBLES/BOULDERS |  | 8                                                      |  | 43.5     |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  | No Rotary - Air & Foam .....                                                                                                |  | No                                          |  | K H H                                                            |  | K-BLACK H-HARD/FIRM H-SHALE                            |  | 43.5                                                   |  | 302      |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  | No Drill-Through Casing Hammer                                                                                              |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  | No Reverse Rotary                                                                                                           |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  | No Cable-tool Bit ___ in. dia...                                                                                            |  | No                                          |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  | No Dual Rotary .....                                                                                                        |  | No                                          |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  | No Temp. Outer Casing ___ in. dia                                                                                           |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  | No Removed? ___ depth ft. (If NO explain on back side)                                                                      |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| <b>6. Casing, Liner, Screen</b>                                                       |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  |                                                        |  | <b>9. Static Water Level</b>                           |  |          |  | <b>11. Well Is</b> |  |             |  |
| Dia. (in.)                                                                            |  | Material, Weight, Specification Manufacturer & Method of Assembly |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                    |  | 50 ft. below ground surface                                      |  |                                                        |  | 14 in. above grade                                     |  |          |  |                    |  |             |  |
| 6                                                                                     |  | WHEATLAND P.E. 18.97LB/FT A53B                                    |  |                            |  | Surface                                                                                                                     |  | 43.5                                        |  | <b>10. Pump Test</b>                                             |  |                                                        |  | Developed ? Yes                                        |  |          |  |                    |  |             |  |
| Dia. (in.)                                                                            |  | Screen type, material & slot size                                 |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                    |  | Pumping level 280 ft. below surface                              |  |                                                        |  | Disinfected ? Yes                                      |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  | Pumping at 1.5 GP M for 1 Hrs.                                   |  |                                                        |  | Capped ? Yes                                           |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  | Pumping Method ? Airlift                                         |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| <b>7. Grout or Other Sealing Material</b>                                             |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  |                                                        |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |          |  | No                 |  |             |  |
| Method MOUNDED                                                                        |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  |                                                        |  | Filled & Sealed Well(s) as needed?                     |  |          |  | No                 |  |             |  |
| Kind of Sealing Material                                                              |  | From (ft.)                                                        |  | To (ft.)                   |  | # Sacks Cement                                                                                                              |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
| GRANULAR BENTONITE                                                                    |  | Surface                                                           |  | 43.5                       |  | 3 S                                                                                                                         |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |
|                                                                                       |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  |                                                        |  | <b>13. Constructor / Supervisory Driller</b>           |  |          |  | Lic #              |  | Date Signed |  |
|                                                                                       |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  |                                                        |  | JR                                                     |  |          |  | 6067               |  | 03-17-2020  |  |
|                                                                                       |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  |                                                        |  | Drill Rig Operator                                     |  |          |  | Lic or Reg #       |  | Date Signed |  |
|                                                                                       |  |                                                                   |  |                            |  |                                                                                                                             |  |                                             |  |                                                                  |  |                                                        |  |                                                        |  |          |  |                    |  |             |  |

**4a. Potential Contamination Sources**

Is the well located in floodplain ? No

Comment: PRESENTLY VACANT LAND WILL DO SAMPLES WHEN PUMP INSTALLED, PROBABLY JUNE 2020

Created On: 03-17-2020

Updated On: 04-10-2020

Review Status: APPROVED