

|                                                                         |  |                                                                      |  |                           |  |                                                                                                                             |  |                                    |  |                                                                     |  |                                                   |  |                       |  |              |  |             |  |
|-------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|---------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|---------------------------------------------------------------------|--|---------------------------------------------------|--|-----------------------|--|--------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>  |  |                                                                      |  | <b>AAG342</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 SCHMIDT, DAVID AND KRISTI                                |  |                                                                      |  |                           |  | Phone #                                                                                                                     |  | <b>1. Well Location</b>            |  |                                                                     |  | Fire # (if avail.)                                |  |                       |  |              |  |             |  |
| Mailing Address 1654 87TH AVE                                           |  |                                                                      |  |                           |  |                                                                                                                             |  | Town of ROME                       |  |                                                                     |  | 1645                                              |  |                       |  |              |  |             |  |
| City HAMMOND                                                            |  |                                                                      |  |                           |  | State WI                                                                                                                    |  | Zip Code 54015                     |  |                                                                     |  | Street Address or Road Name and Number<br>WOOD RD |  |                       |  |              |  |             |  |
| County Adams                                                            |  | Co. Permit #                                                         |  | Notification # 8184299201 |  | Completed 10-28-2020                                                                                                        |  | Subdivision Name<br>BIG BUCK ACRES |  |                                                                     |  | Lot #<br>Block #                                  |  |                       |  |              |  |             |  |
| Well Constructor (Business Name)<br>QUINNELLS SEPTIC & WELL SERVICE INC |  |                                                                      |  | Lic. # 97                 |  | Facility ID # (Public Wells)                                                                                                |  |                                    |  | Latitude / Longitude in Decimal Degree (DD)<br>44.163 °N -89.885 °W |  |                                                   |  | Method Code<br>GPS008 |  |              |  |             |  |
| Address 1894 DAKOTA AVE<br>FRIENDSHIP WI 53934-9802                     |  |                                                                      |  | Well Plan Approval #      |  | SW NE Section Township Range<br>or Govt Lot # 34 20 N 5 E                                                                   |  | <b>2. Well Type</b> New Well       |  |                                                                     |  | of previous unique well # constructed in          |  |                       |  |              |  |             |  |
| Hicap Permanent Well #                                                  |  | Common Well #                                                        |  | Specific Capacity         |  | Reason for replaced or reconstructed well ?                                                                                 |  |                                    |  | Construction Type Jetted                                            |  |                                                   |  |                       |  |              |  |             |  |
| <b>3. Well serves</b> 1 # of CAMPER                                     |  |                                                                      |  | Hicap Well ? No           |  | Private, potable                                                                                                            |  |                                    |  | Hicap Property ? No                                                 |  |                                                   |  |                       |  |              |  |             |  |
| Heat Exchange ___ # of drillholes                                       |  |                                                                      |  | Hicap Potable ? No        |  |                                                                                                                             |  |                                    |  |                                                                     |  |                                                   |  |                       |  |              |  |             |  |
| <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                 |  | Geology Codes                                                       |  | Type, Caving/Noncaving, Color, Hardness, etc...   |  | From (ft.)            |  | To (ft.)     |  |             |  |
| 2                                                                       |  | Surface                                                              |  | 67                        |  | No Rotary - Mud Circulation .....                                                                                           |  | No                                 |  | N S                                                                 |  | N-FINE S-SAND                                     |  | Surface               |  | 26           |  |             |  |
|                                                                         |  |                                                                      |  |                           |  | No Rotary - Air .....                                                                                                       |  | No                                 |  | C                                                                   |  | C-CLAY                                            |  | 26                    |  | 46           |  |             |  |
|                                                                         |  |                                                                      |  |                           |  | No Rotary - Air & Foam .....                                                                                                |  | No                                 |  | M S                                                                 |  | M-MEDIUM S-SAND                                   |  | 46                    |  | 56           |  |             |  |
|                                                                         |  |                                                                      |  |                           |  | No Drill-Through Casing Hammer                                                                                              |  |                                    |  | A Y                                                                 |  | A-COARSE Y-SAND & GRAVEL                          |  | 56                    |  | 67           |  |             |  |
|                                                                         |  |                                                                      |  |                           |  | 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>8. Geology</b>                                 |  |                       |  |              |  |             |  |
| Dia. (in.)                                                              |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                           |  | From (ft.)                                                                                                                  |  | To (ft.)                           |  | 27 ft. below ground surface                                         |  |                                                   |  | <b>11. Well Is</b>    |  |              |  |             |  |
| 2                                                                       |  | ANSI ASTM 53 SCH 40 T&C                                              |  |                           |  | Surface                                                                                                                     |  | 63                                 |  | <b>10. Pump Test</b>                                                |  |                                                   |  | 16 in. above grade    |  |              |  |             |  |
| Dia. (in.)                                                              |  | Screen type, material & slot size                                    |  |                           |  | From (ft.)                                                                                                                  |  | To (ft.)                           |  | Pumping level 27 ft. below surface                                  |  |                                                   |  | Developed ? Yes       |  |              |  |             |  |
| 1.25                                                                    |  | CAMPBELL 60 GAUZE                                                    |  |                           |  | 63                                                                                                                          |  | 67                                 |  | Pumping at 10 GP M for 1 Hrs.                                       |  |                                                   |  | Disinfected ? Yes     |  |              |  |             |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                     |  |                                                                      |  |                           |  |                                                                                                                             |  |                                    |  |                                                                     |  | Pumping Method ? Test Pump                        |  |                       |  | Capped ? Yes |  |             |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b> No               |  |                                                                      |  |                           |  |                                                                                                                             |  |                                    |  |                                                                     |  | <b>13. Constructor / Supervisory Driller</b>      |  |                       |  | Lic #        |  | Date Signed |  |
| Filled & Sealed Well(s) as needed? No                                   |  |                                                                      |  |                           |  |                                                                                                                             |  |                                    |  |                                                                     |  | DDQ                                               |  |                       |  | 5            |  | 11-09-2020  |  |
|                                                                         |  |                                                                      |  |                           |  |                                                                                                                             |  |                                    |  |                                                                     |  | Drill Rig Operator                                |  |                       |  | Lic or Reg # |  | Date Signed |  |

**4a. Potential Contamination Sources**

Is the well located in floodplain ? No

Comment: NO SEPTIC OR DRAINFIELD. LOCATED 18 FOOT FROM CAMPER

Created On: 10-28-2020

Updated On: 11-09-2020

Review Status: APPROVED