

|                                                                             |  |                                                                      |  |                      |  |                                                        |  |                                                                                                                             |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
|-----------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------|--|--------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------|--|-----------------------------|--|--------------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>      |  |                                                                      |  | <b>AAK524</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 MUELLER,MARY                                                 |  |                                                                      |  |                      |  | Phone #                                                |  |                                                                                                                             |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| Mailing Address 7347 HWY 42                                                 |  |                                                                      |  |                      |  | Town of EGG HARBOR                                     |  |                                                                                                                             |  |                                                                                                                          |  | Fire # (if avail.)<br>7347 |  |                                                           |  |                             |  |                    |  |             |  |
| City EGG HARBOR                                                             |  |                                                                      |  |                      |  | State WI                                               |  | Zip Code 54209                                                                                                              |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| County                                                                      |  | Co. Permit #                                                         |  | Notification #       |  | Completed                                              |  | Subdivision Name                                                                                                            |  |                                                                                                                          |  | Lot #                      |  | Block #                                                   |  |                             |  |                    |  |             |  |
| Door                                                                        |  |                                                                      |  | 8493705401           |  | 08-10-2021                                             |  |                                                                                                                             |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| Well Constructor (Business Name)<br>EUCLIDE, MARK E                         |  |                                                                      |  | Lic. #<br>5905       |  | Facility ID # (Public Wells)                           |  |                                                                                                                             |  | Latitude / Longitude in Decimal Degree (DD)<br>45.0271 °N -87.2902 °W                                                    |  |                            |  | Method Code<br>GPS008                                     |  |                             |  |                    |  |             |  |
| Address EUCLIDE WELL DRILLING INC 2496<br>STONE RD<br>STURGEON BAY WI 54235 |  |                                                                      |  | Well Plan Approval # |  | SE SW                                                  |  | Section<br>36                                                                                                               |  | Township<br>30 N                                                                                                         |  | Range<br>26 E              |  |                                                           |  |                             |  |                    |  |             |  |
| Approval Date (mm-dd-yyyy)                                                  |  |                                                                      |  | or Govt Lot #        |  | 36                                                     |  | 30 N                                                                                                                        |  | 26 E                                                                                                                     |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| Hicap Permanent Well #                                                      |  |                                                                      |  | Common Well #        |  | Specific Capacity<br>0                                 |  |                                                                                                                             |  | 2. Well Type New Well                                                                                                    |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| 3. Well serves 1 # of HOME                                                  |  |                                                                      |  | Hicap Well ? No      |  | of previous unique well #                              |  |                                                                                                                             |  | constructed in                                                                                                           |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| Private,potable                                                             |  |                                                                      |  | Hicap Property ? No  |  | Reason for replaced or reconstructed well ?            |  |                                                                                                                             |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| Heat Exchange ___ # of drillholes                                           |  |                                                                      |  | Hicap Potable ? No   |  | Construction Type Drilled                              |  |                                                                                                                             |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                 |  |                                                                      |  |                      |  |                                                        |  |                                                                                                                             |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| <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.)           |  |             |  |
| 10                                                                          |  | Surface                                                              |  | 4                    |  | Yes Rotary - Mud Circulation .....                     |  |                                                                                                                             |  | No                                                                                                                       |  | T                          |  | D                                                         |  | T-TAN/BROWN D-DRIFT         |  | Surface            |  | 4           |  |
| 8                                                                           |  | 4                                                                    |  | 170                  |  | Yes Rotary - Air .....                                 |  |                                                                                                                             |  | No                                                                                                                       |  | G                          |  | L                                                         |  | G-GRAY L-LIMESTONE/DOLOMITE |  | 4                  |  | 242         |  |
| 6                                                                           |  | 170                                                                  |  | 242                  |  | No Rotary - Air & Foam .....                           |  |                                                                                                                             |  | No                                                                                                                       |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
|                                                                             |  |                                                                      |  |                      |  | 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<br>Manufacturer & Method of Assembly |  |                      |  | From (ft.)                                             |  | To (ft.)                                                                                                                    |  | 100 ft. below ground surface                                                                                             |  |                            |  | 18 in. above grade                                        |  |                             |  |                    |  |             |  |
| 6                                                                           |  | NEW BLACK STEEL P E WT 18.97 ASTM A53B<br>ISPCO WELDED JOINT         |  |                      |  | Surface                                                |  | 172                                                                                                                         |  | <b>10. Pump Test</b><br>Pumping level 200 ft. below surface<br>Pumping at 35 GP M for 1 Hrs.<br>Pumping Method ? Airlift |  |                            |  | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes      |  |                             |  |                    |  |             |  |
| Dia. (in.)                                                                  |  | Screen type, material & slot size                                    |  |                      |  | From (ft.)                                             |  | To (ft.)                                                                                                                    |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
|                                                                             |  |                                                                      |  |                      |  |                                                        |  |                                                                                                                             |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
| <b>7. Grout or Other Sealing Material</b><br>Method BRADENHEAD              |  |                                                                      |  |                      |  |                                                        |  |                                                                                                                             |  |                                                                                                                          |  |                            |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> No |  |                             |  |                    |  |             |  |
| Kind of Sealing Material                                                    |  |                                                                      |  | From (ft.)           |  | To (ft.)                                               |  | # Sacks Cement                                                                                                              |  | Filled & Sealed Well(s) as needed?                                                                                       |  |                            |  | No                                                        |  |                             |  |                    |  |             |  |
| NEAT CEMENT GROUT                                                           |  |                                                                      |  | Surface              |  | 170                                                    |  | 38 S                                                                                                                        |  |                                                                                                                          |  |                            |  |                                                           |  |                             |  |                    |  |             |  |
|                                                                             |  |                                                                      |  |                      |  |                                                        |  |                                                                                                                             |  |                                                                                                                          |  |                            |  | <b>13. Constructor / Supervisory Driller</b>              |  |                             |  | Lic #              |  | Date Signed |  |
|                                                                             |  |                                                                      |  |                      |  |                                                        |  |                                                                                                                             |  |                                                                                                                          |  |                            |  | ME                                                        |  | 5905                        |  | 10-27-2021         |  |             |  |
|                                                                             |  |                                                                      |  |                      |  |                                                        |  |                                                                                                                             |  |                                                                                                                          |  |                            |  | Drill Rig Operator                                        |  | Lic or Reg #                |  | Date Signed        |  |             |  |
|                                                                             |  |                                                                      |  |                      |  |                                                        |  |                                                                                                                             |  |                                                                                                                          |  |                            |  | RE                                                        |  | 7340                        |  | 10-27-2021         |  |             |  |

**4a. Potential Contamination Sources**Is the well located in floodplain ? No

| Type                             | Qualifier | Distance |
|----------------------------------|-----------|----------|
| Septic or Holding, or POWTS Tank |           | 30       |

Comment:

Created On: 08-10-2021

Updated On: 02-15-2022

Review Status: APPROVED