

|                                                                               |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
|-------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|---------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|-----------------------------------------------------------------------------|--|-----------------------------------------------------|--|-----------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>        |  |                                                                      |  | <b>AAX328</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 NOREN DON                                                      |  |                                                                      |  |                           |  | Phone #                                                                                                                     |  | <b>1. Well Location</b> |  |                                                                             |  | Fire # (if avail.)                                  |  |                       |  |
| Mailing Address 4265 DENTON RD                                                |  |                                                                      |  |                           |  | Town of CONOVER                                                                                                             |  |                         |  |                                                                             |  | 4265                                                |  |                       |  |
| City CONOVER                                                                  |  |                                                                      |  |                           |  | State WI                                                                                                                    |  | Zip Code 54519          |  |                                                                             |  | Street Address or Road Name and Number<br>DENTON RD |  |                       |  |
| County Vilas                                                                  |  | Co. Permit #                                                         |  | Notification # 9262910801 |  | Completed 09-20-2023                                                                                                        |  | Subdivision Name        |  |                                                                             |  | Lot #                                               |  | Block #               |  |
| Well Constructor (Business Name)<br>HARTMAN WELL DRILLING & PUMP SERVICES INC |  |                                                                      |  | Lic. # 8778               |  | Facility ID # (Public Wells)                                                                                                |  |                         |  | Latitude / Longitude in Decimal Degree (DD)<br>46.0532 °N -89.3154 °W       |  |                                                     |  | Method Code<br>GPS008 |  |
| Address 5900 ROBIN DR<br>EAGLE RIVER WI 54521                                 |  |                                                                      |  | Well Plan Approval #      |  | NE NW                                                                                                                       |  | Section 12              |  | Township 41 N                                                               |  | Range 9 E                                           |  | or Govt Lot #         |  |
| Hicap Permanent Well #                                                        |  |                                                                      |  | Common Well #             |  | Specific Capacity<br>1.3                                                                                                    |  |                         |  | <b>2. Well Type</b> Replacement<br>of previous unique well # constructed in |  |                                                     |  |                       |  |
| Reason for replaced or reconstructed well ?<br>LACK OF WATER                  |  |                                                                      |  | Hicap Well ? No           |  | Hicap Property ? No                                                                                                         |  |                         |  | Construction Type Drilled                                                   |  |                                                     |  |                       |  |
| Heat Exchange ___ # of drillholes                                             |  |                                                                      |  | Hicap Potable ? No        |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| <b>3. Well serves</b> 1 # of HOME<br>Private, potable                         |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                   |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                        |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Dia. (in.)                                                                    |  | From (ft.)                                                           |  | To (ft.)                  |  | Upper Enlarged Drillhole                                                                                                    |  |                         |  | Lower Open Bedrock                                                          |  |                                                     |  |                       |  |
| 6                                                                             |  | Surface                                                              |  | 38                        |  | No Rotary - Mud Circulation .....                                                                                           |  |                         |  | No                                                                          |  |                                                     |  |                       |  |
|                                                                               |  |                                                                      |  |                           |  | No Rotary - Air .....                                                                                                       |  |                         |  | No                                                                          |  |                                                     |  |                       |  |
|                                                                               |  |                                                                      |  |                           |  | No Rotary - Air & Foam .....                                                                                                |  |                         |  | No                                                                          |  |                                                     |  |                       |  |
|                                                                               |  |                                                                      |  |                           |  | Yes 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>                                               |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Dia. (in.)                                                                    |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                           |  | From (ft.)                                                                                                                  |  | To (ft.)                |  |                                                                             |  |                                                     |  |                       |  |
| 6                                                                             |  | 280 ASTM A53B 18.97# WELD JT WHEATLAND                               |  |                           |  | Surface                                                                                                                     |  | 35                      |  |                                                                             |  |                                                     |  |                       |  |
| Dia. (in.)                                                                    |  | Screen type, material & slot size                                    |  |                           |  | From (ft.)                                                                                                                  |  | To (ft.)                |  |                                                                             |  |                                                     |  |                       |  |
| 6                                                                             |  | JOHNSON 10 SLOT                                                      |  |                           |  | 35                                                                                                                          |  | 38                      |  |                                                                             |  |                                                     |  |                       |  |
| <b>7. Grout or Other Sealing Material</b>                                     |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Method MOUNDED                                                                |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Kind of Sealing Material                                                      |  |                                                                      |  | From (ft.)                |  | To (ft.)                                                                                                                    |  | # Sacks Cement          |  |                                                                             |  |                                                     |  |                       |  |
| GRANULAR BENTONITE                                                            |  |                                                                      |  | Surface                   |  | 20                                                                                                                          |  | 1 S                     |  |                                                                             |  |                                                     |  |                       |  |
| <b>8. Geology</b>                                                             |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Geology Codes                                                                 |  | Type, Caving/Noncaving, Color, Hardness, etc...                      |  |                           |  | From (ft.)                                                                                                                  |  | To (ft.)                |  |                                                                             |  |                                                     |  |                       |  |
| S                                                                             |  | S-SAND                                                               |  |                           |  | Surface                                                                                                                     |  | 38                      |  |                                                                             |  |                                                     |  |                       |  |
| <b>9. Static Water Level</b>                                                  |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| 15 ft. below ground surface                                                   |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| <b>10. Pump Test</b>                                                          |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Pumping level 30 ft. below surface                                            |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Pumping at 20 GP M for 2 Hrs.                                                 |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Pumping Method ? Airlift                                                      |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| <b>11. Well Is</b>                                                            |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| 15 in. above grade                                                            |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Developed ? Yes                                                               |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Disinfected ? Yes                                                             |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Capped ? Yes                                                                  |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b> Yes                    |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Filled & Sealed Well(s) as needed? Yes                                        |  |                                                                      |  |                           |  |                                                                                                                             |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| <b>13. Constructor / Supervisory Driller</b>                                  |  |                                                                      |  | Lic #                     |  | Date Signed                                                                                                                 |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| JZ                                                                            |  |                                                                      |  | 7837                      |  | 10-18-2023                                                                                                                  |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| Drill Rig Operator                                                            |  |                                                                      |  | Lic or Reg #              |  | Date Signed                                                                                                                 |  |                         |  |                                                                             |  |                                                     |  |                       |  |
| JZ                                                                            |  |                                                                      |  | 7837                      |  | 10-18-2023                                                                                                                  |  |                         |  |                                                                             |  |                                                     |  |                       |  |

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

| Type                                                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) | >         | 50       | Septic or Holding, or POWTS Tank | >         | 25       |

Comment:

Created On: 09-24-2023

Updated On: 10-30-2023

Review Status: APPROVED