

|                                                                        |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|---------------------------------------------|--|----------------------------------------|--|----------------|--|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>ACJ250</b>                                   |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b>                                                                                                                                                                                                                                                                                                    |  |                         |  | <small>Form 3300-077A</small>               |  |                                        |  |                |  |  |  |
| Property Owner HINTERBERG ROB                                          |  |                                                                      |  |                                                 |  | Phone #                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>1. Well Location</b> |  |                                             |  | Fire # (if avail.)                     |  |                |  |  |  |
| Mailing Address 5001 PALOMINO CT                                       |  |                                                                      |  |                                                 |  | Village of RICHFIELD                                                                                                                                                                                                                                                                                                                                                                                                           |  |                         |  |                                             |  | 5001                                   |  |                |  |  |  |
| City RICHFIELD                                                         |  |                                                                      |  |                                                 |  | State WI                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Zip Code 53017          |  |                                             |  | Street Address or Road Name and Number |  |                |  |  |  |
| PALOMINO CT                                                            |  |                                                                      |  |                                                 |  | Subdivision Name                                                                                                                                                                                                                                                                                                                                                                                                               |  |                         |  | Lot #                                       |  | Block #                                |  |                |  |  |  |
| County Washington                                                      |  | Co. Permit #                                                         |  | Notification # 10019547101                      |  | Completed 10-10-2025                                                                                                                                                                                                                                                                                                                                                                                                           |  | CUSGROVE ACRES          |  |                                             |  |                                        |  |                |  |  |  |
| Well Constructor (Business Name)                                       |  |                                                                      |  | Lic. # 23                                       |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                                                                                                                                   |  |                         |  | Latitude / Longitude in Decimal Degree (DD) |  | Method Code                            |  |                |  |  |  |
| LIEBAU, ARTHUR JAMES                                                   |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  | 43.20086 °N -88.28665 °W                    |  | GPS008                                 |  |                |  |  |  |
| Address 1200 W LIEBAU RD<br>MEQUON WI 53092                            |  |                                                                      |  | Well Plan Approval #                            |  | SW NE                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Section 31              |  | Township 9 N                                |  | Range 19 E                             |  |                |  |  |  |
|                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy)                      |  | or Govt Lot #                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity 1.3                           |  | <b>2. Well Type</b> New Well                                                                                                                                                                                                                                                                                                                                                                                                   |  |                         |  |                                             |  | of previous unique well #              |  | constructed in |  |  |  |
| Reason for replaced or reconstructed well ?                            |  |                                                                      |  |                                                 |  | Construction Type Drilled                                                                                                                                                                                                                                                                                                                                                                                                      |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| <b>3. Well serves</b> 1 # of HOME                                      |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  | Hicap Well ? No                        |  |                |  |  |  |
| Private, potable Drillhole                                             |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  | 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                          |  |                                        |  |                |  |  |  |
| 6                                                                      |  | Surface                                                              |  | 185                                             |  | <u>No</u> Rotary - Mud Circulation ..... <u>No</u><br><u>No</u> Rotary - Air ..... <u>No</u><br><u>No</u> Rotary - Air & Foam ..... <u>No</u><br><u>Yes</u> Drill-Through Casing Hammer<br><u>No</u> Reverse Rotary<br><u>No</u> Cable-tool Bit ___ in. dia... <u>No</u><br><u>No</u> Dual Rotary ..... <u>No</u><br><u>No</u> Temp. Outer Casing ___ in. dia<br><u>No</u> Removed? ___ depth ft. (If NO explain on back side) |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| <b>8. Geology</b>                                                      |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Geology Codes                                                          |  |                                                                      |  | Type, Caving/Noncaving, Color, Hardness, etc... |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  | From (ft.)              |  | To (ft.)                                    |  |                                        |  |                |  |  |  |
| Z G                                                                    |  |                                                                      |  | Z-CLAY & GRAVEL G-W/GRAVEL/STONES               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Surface                 |  | 70                                          |  |                                        |  |                |  |  |  |
| S G                                                                    |  |                                                                      |  | S-SAND G-W/GRAVEL/STONES                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 70                      |  | 185                                         |  |                                        |  |                |  |  |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                                                 |  | From (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                     |  | To (ft.)                |  |                                             |  |                                        |  |                |  |  |  |
| 6                                                                      |  | STEEL 18.65LBS ASTM A53 NEWCORE PIPE WELDED                          |  |                                                 |  | Surface                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 185                     |  |                                             |  |                                        |  |                |  |  |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                                                 |  | From (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                     |  | To (ft.)                |  |                                             |  |                                        |  |                |  |  |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Method MOUNDED                                                         |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Kind of Sealing Material                                               |  |                                                                      |  | From (ft.)                                      |  | To (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                       |  | # Sacks Cement          |  |                                             |  |                                        |  |                |  |  |  |
| GRANULAR BENTONITE                                                     |  |                                                                      |  | Surface                                         |  | 185                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 5 S                     |  |                                             |  |                                        |  |                |  |  |  |
| <b>9. Static Water Level</b>                                           |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| 45 ft. below ground surface                                            |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Pumping level 60 ft. below surface                                     |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Pumping at 20 GP M for 1 Hrs.                                          |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Pumping Method ? Airlift                                               |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| <b>11. Well Is</b>                                                     |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| 18 in. above grade                                                     |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Developed ? Yes                                                        |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Disinfected ? Yes                                                      |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Capped ? Yes                                                           |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b> No              |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Filled & Sealed Well(s) as needed? No                                  |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| Lic #                                                                  |  |                                                                      |  | Date Signed                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |
| AJL                                                                    |  |                                                                      |  | 23                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 10-19-2025              |  |                                             |  |                                        |  |                |  |  |  |
| Drill Rig Operator                                                     |  |                                                                      |  | Lic or Reg #                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date Signed             |  |                                             |  |                                        |  |                |  |  |  |
|                                                                        |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                                             |  |                                        |  |                |  |  |  |

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

| Type                                                      | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 140      |

Comment:

Created On: 10-19-2025

Updated On: 11-24-2025

Review Status: APPROVED