

|                                                                          |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
|--------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|-----------------------------------------------------------------------|--|------------------------------------------------------------|--|-----------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>   |  |                                                                      |  | <b>ACK668</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 RASMUSSEN, PAUL                                           |  |                                                                      |  |                            |  | Phone #                                                                                                                                                                                                                                                                                                                       |  | <b>1. Well Location</b>   |  |                                                                       |  | Fire # (if avail.)                                         |  |                       |  |
| Mailing Address 1695 W WHITE ASH DRIVE                                   |  |                                                                      |  |                            |  | Town of APPLE RIVER                                                                                                                                                                                                                                                                                                           |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| City BALSAM LAKE                                                         |  |                                                                      |  |                            |  | State WI                                                                                                                                                                                                                                                                                                                      |  | Zip Code 54810            |  |                                                                       |  | Street Address or Road Name and Number<br>1073 NIEBEL LANE |  |                       |  |
| County Polk                                                              |  | Co. Permit #                                                         |  | Notification # 10056434901 |  | Completed 11-13-2025                                                                                                                                                                                                                                                                                                          |  | Subdivision Name          |  |                                                                       |  | Lot #                                                      |  | Block #               |  |
| Well Constructor (Business Name)<br>COX, BRYAN                           |  |                                                                      |  | Lic. # 6644                |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                                  |  |                           |  | Latitude / Longitude in Decimal Degree (DD)<br>45.4689 °N -92.3812 °W |  |                                                            |  | Method Code<br>SCR002 |  |
| Address BLC WELL DRLG & PUMP SERV 1649<br>210TH AVE<br>MILLTOWN WI 54858 |  |                                                                      |  | Well Plan Approval #       |  |                                                                                                                                                                                                                                                                                                                               |  | SE SW                     |  | Section 32                                                            |  | Township 35 N                                              |  | Range 16 W            |  |
|                                                                          |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  |                                                                                                                                                                                                                                                                                                                               |  | or Govt Lot #             |  |                                                                       |  |                                                            |  |                       |  |
| Hicap Permanent Well #                                                   |  |                                                                      |  | Common Well #              |  | Specific Capacity<br>0                                                                                                                                                                                                                                                                                                        |  |                           |  | <b>2. Well Type</b> New Well                                          |  |                                                            |  |                       |  |
| Reason for replaced or reconstructed well ?                              |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| <b>3. Well serves</b> # of HOME                                          |  |                                                                      |  | Hicap Well ? No            |  |                                                                                                                                                                                                                                                                                                                               |  | Construction Type Drilled |  |                                                                       |  |                                                            |  |                       |  |
| Private, potable                                                         |  |                                                                      |  | Hicap Property ? No        |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| Heat Exchange ___ # of drillholes                                        |  |                                                                      |  | Hicap Potable ? No         |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>              |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                   |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| Dia. (in.)                                                               |  | From (ft.)                                                           |  | To (ft.)                   |  | Upper Enlarged Drillhole                                                                                                                                                                                                                                                                                                      |  |                           |  | Lower Open Bedrock                                                    |  |                                                            |  |                       |  |
| 6                                                                        |  | Surface                                                              |  | 97                         |  | No Rotary - Mud Circulation ..... No<br>Yes Rotary - Air ..... No<br>No Rotary - Air & Foam ..... No<br>Yes Drill-Through Casing Hammer<br>No Reverse Rotary<br>No Cable-tool Bit ___ in. dia... No<br>No Dual Rotary ..... No<br>No Temp. Outer Casing ___ in. dia<br>No 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.)                  |  |                                                                       |  |                                                            |  |                       |  |
| T Y                                                                      |  | T-TAN/BROWN Y-SAND & GRAVEL                                          |  |                            |  | Surface                                                                                                                                                                                                                                                                                                                       |  | 25                        |  |                                                                       |  |                                                            |  |                       |  |
| T C                                                                      |  | T-TAN/BROWN C-CLAY                                                   |  |                            |  | 25                                                                                                                                                                                                                                                                                                                            |  | 45                        |  |                                                                       |  |                                                            |  |                       |  |
| O Y                                                                      |  | O-ORANGE Y-SAND & GRAVEL                                             |  |                            |  | 45                                                                                                                                                                                                                                                                                                                            |  | 65                        |  |                                                                       |  |                                                            |  |                       |  |
| I S N                                                                    |  | I-WHITE S-SOFT/LOOSE N-SANDSTONE                                     |  |                            |  | 65                                                                                                                                                                                                                                                                                                                            |  | 97                        |  |                                                                       |  |                                                            |  |                       |  |
| <b>6. Casing, Liner, Screen</b>                                          |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| Dia. (in.)                                                               |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                                    |  | To (ft.)                  |  |                                                                       |  |                                                            |  |                       |  |
| 6                                                                        |  | WHEATLAND 6.625X.280 18.99LB PER FT WELDED STEEL                     |  |                            |  | Surface                                                                                                                                                                                                                                                                                                                       |  | 94                        |  |                                                                       |  |                                                            |  |                       |  |
| Dia. (in.)                                                               |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                                    |  | To (ft.)                  |  |                                                                       |  |                                                            |  |                       |  |
| 6                                                                        |  | JOHNSON SS 10 SLOT                                                   |  |                            |  | 94                                                                                                                                                                                                                                                                                                                            |  | 97                        |  |                                                                       |  |                                                            |  |                       |  |
| <b>7. Grout or Other Sealing Material</b>                                |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| Method MOUNDED                                                           |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| Kind of Sealing Material                                                 |  |                                                                      |  | From (ft.)                 |  | To (ft.)                                                                                                                                                                                                                                                                                                                      |  | # Sacks Cement            |  |                                                                       |  |                                                            |  |                       |  |
| GRANULAR BENTONITE                                                       |  |                                                                      |  | Surface                    |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| <b>9. Static Water Level</b>                                             |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| 18 ft. below ground surface                                              |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| <b>10. Pump Test</b>                                                     |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| Pumping level 60 ft. below surface                                       |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| Pumping at 10 GP M for 1 Hrs.                                            |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| Pumping Method ? Test Pump                                               |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| <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                |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |
| BC                                                                       |  |                                                                      |  | 6644                       |  |                                                                                                                                                                                                                                                                                                                               |  | 12-12-2025                |  |                                                                       |  |                                                            |  |                       |  |
| Drill Rig Operator                                                       |  |                                                                      |  | Lic or Reg #               |  |                                                                                                                                                                                                                                                                                                                               |  | Date Signed               |  |                                                                       |  |                                                            |  |                       |  |
|                                                                          |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                               |  |                           |  |                                                                       |  |                                                            |  |                       |  |

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

| Type                                                 | Qualifier | Distance | Type                                                      | Qualifier | Distance |
|------------------------------------------------------|-----------|----------|-----------------------------------------------------------|-----------|----------|
| POWTS holding component (also known as holding tank) | >         | 25       | POWTS dispersal component (soil absorption unit or mound) | >         | 50       |

Comment:

Created On: 12-02-2025

Updated On: 01-21-2026

Review Status: APPROVED