

|                                                                              |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
|------------------------------------------------------------------------------|---|-------------------------------------------------------------------|---|-----------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--------------------|---------------------------|-----------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>       |   |                                                                   |   | <b>ACL066</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 KRAUSE, ED                                                    |   |                                                                   |   | Phone # (414)573-1129                                     |  | <b>1. Well Location</b>                                                                                                     |  |                                                                         |                    | Fire # (if avail.)        |                       |  |
| Mailing Address 4701 103RD ST                                                |   |                                                                   |   |                                                           |  | Town of HOMESTEAD                                                                                                           |  |                                                                         |                    | 1535                      |                       |  |
| City PLEASANT PRAIRIE                                                        |   |                                                                   |   | State WI Zip Code 53158                                   |  | Street Address or Road Name and Number<br>1535 SCOUT LAKE RD                                                                |  |                                                                         |                    |                           |                       |  |
| County Florence                                                              |   | Co. Permit #                                                      |   | Notification # 10003620501                                |  | Completed 11-11-2025                                                                                                        |  | Subdivision Name                                                        |                    |                           | Lot # Block #         |  |
| Well Constructor (Business Name)<br>MORIN, DOUGLAS J                         |   |                                                                   |   | Lic. # 6311                                               |  | Facility ID # (Public Wells)                                                                                                |  | Latitude / Longitude in Decimal Degree (DD)<br>45.77918 °N -88.31054 °W |                    |                           | Method Code<br>GPS008 |  |
| Address MORIN AND JOHNSON WELL DRLG & PUMP 670 COOLIDGE AVE NIAGARA WI 54151 |   |                                                                   |   | Well Plan Approval #                                      |  | SW SE Section Township Range<br>or Govt Lot # 12 38 N 17 E                                                                  |  | <b>2. Well Type</b> New Well                                            |                    |                           |                       |  |
| Hicap Permanent Well #                                                       |   |                                                                   |   | Common Well #                                             |  | Specific Capacity 4.3                                                                                                       |  | Reason for replaced or reconstructed well ?                             |                    |                           |                       |  |
| <b>3. Well serves</b> 1 # of HOME                                            |   |                                                                   |   | Hicap Well ? No                                           |  | Private, potable Drillhole                                                                                                  |  | Hicap Property ? No                                                     |                    | Construction Type Drilled |                       |  |
| 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                                                           |   | 46                                                        |  | No Rotary - Mud Circulation .....                                                                                           |  |                                                                         | No                 |                           |                       |  |
|                                                                              |   |                                                                   |   |                                                           |  | No Rotary - Air .....                                                                                                       |  |                                                                         | No                 |                           |                       |  |
|                                                                              |   |                                                                   |   |                                                           |  | No Rotary - Air & Foam .....                                                                                                |  |                                                                         | No                 |                           |                       |  |
|                                                                              |   |                                                                   |   |                                                           |  | No Drill-Through Casing Hammer                                                                                              |  |                                                                         |                    |                           |                       |  |
|                                                                              |   |                                                                   |   |                                                           |  | No Reverse Rotary                                                                                                           |  |                                                                         |                    |                           |                       |  |
|                                                                              |   |                                                                   |   |                                                           |  | No Cable-tool Bit ___ in. dia...                                                                                            |  |                                                                         | No                 |                           |                       |  |
|                                                                              |   |                                                                   |   |                                                           |  | No Dual Rotary .....                                                                                                        |  |                                                                         | No                 |                           |                       |  |
|                                                                              |   |                                                                   |   |                                                           |  | No Temp. Outer Casing ___ in. dia                                                                                           |  |                                                                         |                    |                           |                       |  |
|                                                                              |   |                                                                   |   |                                                           |  | No Removed? ___ depth ft. (If NO explain on back side)                                                                      |  |                                                                         |                    |                           |                       |  |
| <b>8. Geology</b>                                                            |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| Geology Codes                                                                |   | Type, Caving/Noncaving, Color, Hardness, etc...                   |   |                                                           |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                |                    |                           |                       |  |
| T                                                                            | Q | S                                                                 | S | T-TAN/BROWN Q-CAVING S-SAND S-SANDY                       |  | Surface                                                                                                                     |  | 20                                                                      |                    |                           |                       |  |
| T                                                                            | H | G                                                                 | G | T-TAN/BROWN H-HARD/FIRM G-GRAVEL/STONES G-W/GRAVEL/STONES |  | 20                                                                                                                          |  | 30                                                                      |                    |                           |                       |  |
| T                                                                            | E | S                                                                 | S | T-TAN/BROWN E-CLEAN S-SAND S-SANDY                        |  | 30                                                                                                                          |  | 46                                                                      |                    |                           |                       |  |
| <b>6. Casing, Liner, Screen</b>                                              |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| Dia. (in.)                                                                   |   | Material, Weight, Specification Manufacturer & Method of Assembly |   |                                                           |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                |                    |                           |                       |  |
| 6                                                                            |   | ASTM A53B 18.97 LB/FT WELDED NUCOR                                |   |                                                           |  | Surface                                                                                                                     |  | 39                                                                      |                    |                           |                       |  |
| Dia. (in.)                                                                   |   | Screen type, material & slot size                                 |   |                                                           |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                |                    |                           |                       |  |
| 6                                                                            |   | SS TELESCOPING #12                                                |   |                                                           |  | 39                                                                                                                          |  | 46                                                                      |                    |                           |                       |  |
| <b>7. Grout or Other Sealing Material</b>                                    |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| Method MOUNDED                                                               |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| Kind of Sealing Material                                                     |   |                                                                   |   | From (ft.)                                                |  | To (ft.)                                                                                                                    |  | # Sacks Cement                                                          |                    |                           |                       |  |
| GRANULAR BENTONITE                                                           |   |                                                                   |   | Surface                                                   |  | 39                                                                                                                          |  | 2 S                                                                     |                    |                           |                       |  |
| <b>9. Static Water Level</b>                                                 |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| 17 ft. below ground surface                                                  |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| <b>10. Pump Test</b>                                                         |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| Pumping level 24 ft. below surface                                           |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| Pumping at 30 GP M for 1 Hrs.                                                |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| Pumping Method ? Other                                                       |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| <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>                                 |   |                                                                   |   |                                                           |  |                                                                                                                             |  |                                                                         |                    |                           |                       |  |
| DJM                                                                          |   |                                                                   |   | Lic # 6311                                                |  | Date Signed 12-23-2025                                                                                                      |  |                                                                         |                    |                           |                       |  |
| Drill Rig Operator                                                           |   |                                                                   |   | Lic or Reg #                                              |  | Date Signed                                                                                                                 |  |                                                                         |                    |                           |                       |  |
| DJM                                                                          |   |                                                                   |   | 6311                                                      |  | 12-23-2025                                                                                                                  |  |                                                                         |                    |                           |                       |  |

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

| Type                                                                         | Qualifier | Distance | Type                                                      | Qualifier | Distance |
|------------------------------------------------------------------------------|-----------|----------|-----------------------------------------------------------|-----------|----------|
| POWTS treatment component (septic tanks, aerobic treatment units or filters) | >         | 50       | POWTS dispersal component (soil absorption unit or mound) | >         | 58       |

Comment:

Created On: 12-23-2025

Updated On: 01-26-2026

Review Status: APPROVED