

|                                                                               |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
|-------------------------------------------------------------------------------|--|----------------------------------------------------------------------|---------------|----------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|-----------------------------------|-----------------------------------------------------------------------|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>        |  |                                                                      |               | <b>ACL345</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 DEVINE DAN                                                     |  |                                                                      |               |                            | Phone # (920)358-4022  |                                                                                                                             | <b>1. Well Location</b>                                                                                                                                          |                                                               |  |                                   | Fire # (if avail.)                                                    |  |  |
| Mailing Address 2250 WILLOW HILL DRIVE                                        |  |                                                                      |               |                            |                        |                                                                                                                             | Town of MORSE                                                                                                                                                    |                                                               |  |                                   |                                                                       |  |  |
| City NEENAH                                                                   |  |                                                                      |               |                            | State WI               |                                                                                                                             | Zip Code 54956                                                                                                                                                   |                                                               |  |                                   |                                                                       |  |  |
| County Ashland                                                                |  | Co. Permit #                                                         |               | Notification # 10054422601 |                        | Completed 01-12-2026                                                                                                        |                                                                                                                                                                  | Street Address or Road Name and Number<br>HAUGEN RD MELLE WIS |  |                                   |                                                                       |  |  |
|                                                                               |  |                                                                      |               |                            |                        |                                                                                                                             | Subdivision Name                                                                                                                                                 |                                                               |  |                                   | Lot #                                                                 |  |  |
|                                                                               |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   | Block #                                                               |  |  |
| Well Constructor (Business Name)<br>BINZ, STEVE E                             |  |                                                                      |               |                            | Lic. # 3570            |                                                                                                                             | Facility ID # (Public Wells)                                                                                                                                     |                                                               |  |                                   | Latitude / Longitude in Decimal Degree (DD)<br>46.3419 °N -90.6296 °W |  |  |
|                                                                               |  |                                                                      |               |                            |                        |                                                                                                                             | Well Plan Approval #                                                                                                                                             |                                                               |  |                                   | Method Code<br>GPS008                                                 |  |  |
| Address BINZ BROTHERS WELL DRILLING 6400<br>ODANAH RD<br>HURLEY WI 54534-9736 |  |                                                                      |               |                            |                        |                                                                                                                             | Approval Date (mm-dd-yyyy)                                                                                                                                       |                                                               |  |                                   |                                                                       |  |  |
| Hicap Permanent Well #                                                        |  |                                                                      | Common Well # |                            | Specific Capacity<br>0 |                                                                                                                             | NW      NW      Section      Township      Range<br>or Govt Lot #      33      45 N      2      W                                                                |                                                               |  |                                   |                                                                       |  |  |
| <b>3. Well serves</b> 1 # of HOME                                             |  |                                                                      |               |                            | Hicap Well ?    No     |                                                                                                                             | <b>2. Well Type</b> New Well<br>of previous unique well #      constructed in<br>Reason for replaced or reconstructed well ?<br><br>Construction Type    Drilled |                                                               |  |                                   |                                                                       |  |  |
| Private, potable      Borehole                                                |  |                                                                      |               |                            | 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                                            |  | Geology Codes                     |                                                                       |  |  |
| 9                                                                             |  | Surface                                                              |               | 3                          |                        | <u>No</u> Rotary - Mud Circulation .....                                                                                    |                                                                                                                                                                  | <u>No</u>                                                     |  | C      C-CLAY      Surface      3 |                                                                       |  |  |
| 8                                                                             |  | 3                                                                    |               | 40                         |                        | <u>Yes</u> Rotary - Air .....                                                                                               |                                                                                                                                                                  | <u>Yes</u>                                                    |  | Q      Q-GRANITE      3      300  |                                                                       |  |  |
| 6                                                                             |  | 40                                                                   |               | 300                        |                        | <u>No</u> Rotary - Air & Foam .....                                                                                         |                                                                                                                                                                  | <u>No</u>                                                     |  |                                   |                                                                       |  |  |
|                                                                               |  |                                                                      |               |                            |                        | <u>No</u> Drill-Through Casing Hammer                                                                                       |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
|                                                                               |  |                                                                      |               |                            |                        | <u>No</u> Reverse Rotary                                                                                                    |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
|                                                                               |  |                                                                      |               |                            |                        | <u>No</u> Cable-tool Bit ____ in. dia...                                                                                    |                                                                                                                                                                  | <u>No</u>                                                     |  |                                   |                                                                       |  |  |
|                                                                               |  |                                                                      |               |                            |                        | <u>No</u> Dual Rotary .....                                                                                                 |                                                                                                                                                                  | <u>No</u>                                                     |  |                                   |                                                                       |  |  |
|                                                                               |  |                                                                      |               |                            |                        | <u>No</u> Temp. Outer Casing 8in. dia                                                                                       |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
|                                                                               |  |                                                                      |               |                            |                        | <u>Yes</u> Removed? 3depth ft. (If NO explain on back side)                                                                 |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| <b>8. Geology</b>                                                             |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| Type, Caving/Noncaving, Color, Hardness, etc...                               |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| From (ft.)      To (ft.)                                                      |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| Surface      3                                                                |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| 3      300                                                                    |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| <b>6. Casing, Liner, Screen</b>                                               |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| Dia. (in.)                                                                    |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |               |                            |                        | From (ft.)                                                                                                                  |                                                                                                                                                                  | To (ft.)                                                      |  |                                   |                                                                       |  |  |
| 6                                                                             |  | STEEL 18.97 LBS/FT WHEATLAND WELDED                                  |               |                            |                        | Surface                                                                                                                     |                                                                                                                                                                  | 40                                                            |  |                                   |                                                                       |  |  |
| Dia. (in.)                                                                    |  | Screen type, material & slot size                                    |               |                            |                        | From (ft.)                                                                                                                  |                                                                                                                                                                  | To (ft.)                                                      |  |                                   |                                                                       |  |  |
|                                                                               |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| <b>7. Grout or Other Sealing Material</b>                                     |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| Method BRADENHEAD                                                             |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| Kind of Sealing Material                                                      |  | From (ft.)                                                           |               | To (ft.)                   |                        | # Sacks Cement                                                                                                              |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| NEAT CEMENT GROUT                                                             |  | Surface                                                              |               | 40                         |                        | 9 S                                                                                                                         |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| <b>9. Static Water Level</b>                                                  |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| 12 ft. below ground surface                                                   |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| <b>10. Pump Test</b>                                                          |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| Pumping level 280 ft. below surface                                           |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| Pumping at 1 GP M for 3 Hrs.                                                  |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| Pumping Method ?    Test Pump                                                 |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| <b>11. Well Is</b>                                                            |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| 12 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           |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| SB      3570      01-15-2026                                                  |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| <b>Drill Rig Operator</b> Lic or Reg #      Date Signed                       |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |
| SB      7323      01-15-2026                                                  |  |                                                                      |               |                            |                        |                                                                                                                             |                                                                                                                                                                  |                                                               |  |                                   |                                                                       |  |  |

**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) |           | 90       | POWTS dispersal component (soil absorption unit or mound) |           | 120      |

Comment:

Created On: 01-15-2026

Updated On: 02-09-2026

Review Status: APPROVED