

|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        |                                             |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|------------|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------|--------------------------------------------------------|---------------------------------------------|--|------------------------------------------------------------|--|--------------------|---------------|--------------------|--|-------------------------------------------------|--|--|------------|--|----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |            | <b>ACM294</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 FROLIK, DONALD                                          |  |                                                                      |            |                            |  | Phone #                                                                                                                     |  |                  |                                                        |                                             |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| Mailing Address 2706 21ST ST                                           |  |                                                                      |            |                            |  | 1. Well Location                                                                                                            |  |                  |                                                        |                                             |  | Fire # (if avail.)                                         |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| City RICE LAKE                                                         |  |                                                                      |            |                            |  | State WI                                                                                                                    |  | Zip Code 54868   |                                                        |                                             |  | Town of OAK GROVE                                          |  | 2706               |               |                    |  |                                                 |  |  |            |  |          |  |
| Street Address or Road Name and Number                                 |  |                                                                      |            |                            |  | 21ST ST                                                                                                                     |  |                  |                                                        |                                             |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| County Barron                                                          |  | Co. Permit #                                                         |            | Notification # 10198500201 |  | Completed 03-25-2026                                                                                                        |  | Subdivision Name |                                                        |                                             |  | Lot #                                                      |  | Block #            |               |                    |  |                                                 |  |  |            |  |          |  |
| Well Constructor (Business Name)                                       |  |                                                                      |            | Lic. # 6799                |  | Facility ID # (Public Wells)                                                                                                |  |                  |                                                        | Latitude / Longitude in Decimal Degree (DD) |  |                                                            |  | Method Code        |               |                    |  |                                                 |  |  |            |  |          |  |
| MIDWEST WELL DRILLING & HYDROFRACKING LLC                              |  |                                                                      |            |                            |  | Well Plan Approval #                                                                                                        |  |                  |                                                        | 45.5963 °N -91.7242 °W                      |  |                                                            |  | GPS008             |               |                    |  |                                                 |  |  |            |  |          |  |
| Address 31569 150TH AV<br>CORNELL WI 54732-6100                        |  |                                                                      |            | Approval Date (mm-dd-yyyy) |  | SE SE                                                                                                                       |  | Section 16       |                                                        | Township 36 N                               |  | Range 11 W                                                 |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| Hicap Permanent Well #                                                 |  |                                                                      |            | Common Well #              |  | Specific Capacity 0                                                                                                         |  |                  |                                                        | 2. Well Type Replacement                    |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        | of previous unique well # constructed in    |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        | Reason for replaced or reconstructed well ? |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        | PUMP STUCK                                  |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| 3. Well serves 1 # 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>                 |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        |                                             |  | <b>8. Geology</b>                                          |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| Dia. (in.)                                                             |  |                                                                      | From (ft.) |                            |  | To (ft.)                                                                                                                    |  |                  | Upper Enlarged Drillhole                               |                                             |  | Lower Open Bedrock                                         |  |                    | Geology Codes |                    |  | Type, Caving/Noncaving, Color, Hardness, etc... |  |  | From (ft.) |  | To (ft.) |  |
| 6                                                                      |  |                                                                      | Surface    |                            |  | 120                                                                                                                         |  |                  | No Rotary - Mud Circulation .....                      |                                             |  | No                                                         |  |                    | T Q Y         |                    |  | T-TAN/BROWN Q-CAVING Y-SAND & GRAVEL            |  |  | Surface    |  | 50       |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  | Yes Rotary - Air .....                                 |                                             |  | No                                                         |  |                    | I V Z         |                    |  | I-WHITE V-NON-CAVING Z-CLAY & GRAVEL            |  |  | 50         |  | 97       |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  | No Rotary - Air & Foam .....                           |                                             |  | No                                                         |  |                    | I H N         |                    |  | I-WHITE H-HARD/FIRM N-SANDSTONE                 |  |  | 97         |  | 114      |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  | No Drill-Through Casing Hammer                         |                                             |  |                                                            |  |                    | I M N         |                    |  | I-WHITE M-MEDIUM N-SANDSTONE                    |  |  | 114        |  | 120      |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  | No Reverse Rotary                                      |                                             |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  | No Cable-tool Bit ___ in. dia...                       |                                             |  | No                                                         |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  | No Dual Rotary .....                                   |                                             |  | No                                                         |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  | No Temp. Outer Casing ___ in. dia                      |                                             |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  | No Removed? ___ depth ft. (If NO explain on back side) |                                             |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        |                                             |  | <b>9. Static Water Level</b>                               |  |                    |               | <b>11. Well Is</b> |  |                                                 |  |  |            |  |          |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |            |                            |  | From (ft.)                                                                                                                  |  | To (ft.)         |                                                        | 42 ft. below ground surface                 |  |                                                            |  | 24 in. above grade |               |                    |  |                                                 |  |  |            |  |          |  |
| 6                                                                      |  | NEW STEEL 18.97#FT A53B HUSTEEL PE WELDED                            |            |                            |  | Surface                                                                                                                     |  | 100              |                                                        | <b>10. Pump Test</b>                        |  |                                                            |  | Developed ? Yes    |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        | Pumping level 46 ft. below surface          |  |                                                            |  | Disinfected ? Yes  |               |                    |  |                                                 |  |  |            |  |          |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |            |                            |  | From (ft.)                                                                                                                  |  | To (ft.)         |                                                        | Pumping at 12 GP M for 2 Hrs.               |  |                                                            |  | Capped ? Yes       |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        | Pumping Method ? Test Pump                  |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        |                                             |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> Yes |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| Method MOUNDED                                                         |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        |                                             |  | DONE                                                       |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| Kind of Sealing Material                                               |  |                                                                      |            | From (ft.)                 |  | To (ft.)                                                                                                                    |  | # Sacks Cement   |                                                        | Filled & Sealed Well(s) as needed? Yes      |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
| GRANULAR BENTONITE                                                     |  |                                                                      |            | Surface                    |  |                                                                                                                             |  | 3 S              |                                                        | DONE                                        |  |                                                            |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        |                                             |  | <b>13. Constructor / Supervisory Driller</b>               |  |                    |               | Lic #              |  | Date Signed                                     |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        |                                             |  | MSP                                                        |  |                    |               | 8236               |  | 04-27-2026                                      |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        |                                             |  | Drill Rig Operator                                         |  |                    |               | Lic or Reg #       |  | Date Signed                                     |  |  |            |  |          |  |
|                                                                        |  |                                                                      |            |                            |  |                                                                                                                             |  |                  |                                                        |                                             |  | MSP                                                        |  |                    |               |                    |  |                                                 |  |  |            |  |          |  |

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

| Type                                                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 113      | Septic or Holding, or POWTS Tank |           | 101      |

Comment:

Created On: 03-24-2026

Updated On: 05-22-2026

Review Status: APPROVED