

|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------|-------------------------------------------------------------------------|--|------------------------------------------------------------------|--|-----------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>ACM352</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 WILLIAM MITCHELL (IHS)                                  |  |                                                                      |  |                            |  | Phone #                                                                                                                                                                                                                                                                                                                     |  | <b>1. Well Location</b> |                    |                                                                         |  | Fire # (if avail.)                                               |  |                       |  |
| Mailing Address 1936 E. CRAWLING STONE LANE                            |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  | Town of LAC DU FLAMBEAU |                    |                                                                         |  | 1936                                                             |  |                       |  |
| City LAC DU FLAMBEAU                                                   |  |                                                                      |  |                            |  | State WI                                                                                                                                                                                                                                                                                                                    |  | Zip Code 54538          |                    |                                                                         |  | Street Address or Road Name and Number<br>E. CRAWLING STONE LANE |  |                       |  |
| County Vilas                                                           |  | Co. Permit # 1                                                       |  | Notification #             |  | Completed 03-02-2026                                                                                                                                                                                                                                                                                                        |  | Subdivision Name        |                    |                                                                         |  | Lot #                                                            |  | Block #               |  |
| Well Constructor (Business Name)<br>NEHLS & WEBSTER WELL DRILLING      |  |                                                                      |  | Lic. # 6076                |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                                |  |                         |                    | Latitude / Longitude in Decimal Degree (DD)<br>45.94339 °N -89.86608 °W |  |                                                                  |  | Method Code<br>SCR002 |  |
| Address 1901 APACHE LN<br>RHINELANDER WI 54501                         |  |                                                                      |  | Well Plan Approval #       |  | SW SE                                                                                                                                                                                                                                                                                                                       |  | Section 16              |                    | Township 40 N                                                           |  | Range 5 E                                                        |  |                       |  |
|                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  | or Govt Lot #                                                                                                                                                                                                                                                                                                               |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Hicap Permanent Well #                                                 |  |                                                                      |  | Common Well #              |  | Specific Capacity<br>0.1                                                                                                                                                                                                                                                                                                    |  |                         |                    | <b>2. Well Type</b> New Well                                            |  |                                                                  |  |                       |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    | of previous unique well # constructed in                                |  |                                                                  |  |                       |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    | Reason for replaced or reconstructed well ?                             |  |                                                                  |  |                       |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    | Construction Type Drilled                                               |  |                                                                  |  |                       |  |
| <b>3. Well serves</b> 1 # of HOME                                      |  |                                                                      |  |                            |  | Hicap Well ? No                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Private, potable                                                       |  |                                                                      |  |                            |  | Hicap Property ? No                                                                                                                                                                                                                                                                                                         |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  |                            |  | Hicap Potable ? No                                                                                                                                                                                                                                                                                                          |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                 |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Dia. (in.)                                                             |  | From (ft.)                                                           |  | To (ft.)                   |  | Upper Enlarged Drillhole                                                                                                                                                                                                                                                                                                    |  |                         | Lower Open Bedrock |                                                                         |  |                                                                  |  |                       |  |
| 6                                                                      |  | Surface                                                              |  | 81                         |  | No Rotary - Mud Circulation ..... No<br>No Rotary - Air ..... No<br>No Rotary - Air & Foam ..... No<br>No Drill-Through Casing Hammer<br>No Reverse Rotary<br>No Cable-tool Bit ___ in. dia... No<br>No Dual Rotary ..... No<br>No Temp. Outer Casing ___ in. dia<br>No Removed? ___ depth ft. (If NO explain on back side) |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>8. Geology</b>                                                      |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Geology Codes                                                          |  | Type, Caving/Noncaving, Color, Hardness, etc...                      |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                                  |  | To (ft.)                |                    |                                                                         |  |                                                                  |  |                       |  |
| X                                                                      |  | X-SAND & CLAY                                                        |  |                            |  | Surface                                                                                                                                                                                                                                                                                                                     |  | 35                      |                    |                                                                         |  |                                                                  |  |                       |  |
| C                                                                      |  | C-CLAY                                                               |  |                            |  | 35                                                                                                                                                                                                                                                                                                                          |  | 72                      |                    |                                                                         |  |                                                                  |  |                       |  |
| Y                                                                      |  | Y-SAND & GRAVEL                                                      |  |                            |  | 72                                                                                                                                                                                                                                                                                                                          |  | 81                      |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                                  |  | To (ft.)                |                    |                                                                         |  |                                                                  |  |                       |  |
| 6                                                                      |  | MARIUCCI PE 18.97 A53                                                |  |                            |  | Surface                                                                                                                                                                                                                                                                                                                     |  | 78                      |                    |                                                                         |  |                                                                  |  |                       |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                                  |  | To (ft.)                |                    |                                                                         |  |                                                                  |  |                       |  |
| 5                                                                      |  | SS NO. 10                                                            |  |                            |  | 78                                                                                                                                                                                                                                                                                                                          |  | 81                      |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Method MOUNDED                                                         |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Kind of Sealing Material                                               |  |                                                                      |  | From (ft.)                 |  | To (ft.)                                                                                                                                                                                                                                                                                                                    |  | # Sacks Cement          |                    |                                                                         |  |                                                                  |  |                       |  |
| NEAT CEMENT GROUT                                                      |  |                                                                      |  | Surface                    |  | 20                                                                                                                                                                                                                                                                                                                          |  | 2 S                     |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>9. Static Water Level</b>                                           |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| 16 ft. below ground surface                                            |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Pumping level 72 ft. below surface                                     |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Pumping at 7 GP M for 1 Hrs.                                           |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Pumping Method ? Test Pump                                             |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>11. Well Is</b>                                                     |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| 18 in. above grade                                                     |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Developed ? Yes                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Disinfected ? Yes                                                      |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Capped ? Yes                                                           |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b> No              |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Filled & Sealed Well(s) as needed? No                                  |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| Lic #                                                                  |  |                                                                      |  | Date Signed                |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |
| PW                                                                     |  |                                                                      |  | 156                        |  |                                                                                                                                                                                                                                                                                                                             |  | 03-26-2026              |                    |                                                                         |  |                                                                  |  |                       |  |
| Drill Rig Operator                                                     |  |                                                                      |  | Lic or Reg #               |  |                                                                                                                                                                                                                                                                                                                             |  | Date Signed             |                    |                                                                         |  |                                                                  |  |                       |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                             |  |                         |                    |                                                                         |  |                                                                  |  |                       |  |

**4a. Potential Contamination Sources**

Is the well located in floodplain ? No

Comment: ON RESERVATION PROPERTY

Created On: 03-26-2026

Updated On: 04-21-2026

Review Status: APPROVED