

|                                                                        |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--------------------------------------------------------|----------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |                                                        | <b>ACM647</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 NEWELL, GEORGE                                          |  |                                                                      |                                                        | Phone #              |  | <b>1. Well Location</b>                                                                                                     |  |                                                                       |                                                               | Fire # (if avail.)                                        |  |
| Mailing Address PO BOX 580                                             |  |                                                                      |                                                        |                      |  | Town of EGG HARBOR                                                                                                          |  |                                                                       |                                                               | 5985                                                      |  |
| City STUREGEON BAY                                                     |  |                                                                      |                                                        | State WI             |  | Zip Code 54235                                                                                                              |  |                                                                       |                                                               | Street Address or Road Name and Number<br>LADY SLIPPER RD |  |
| County                                                                 |  | Co. Permit #                                                         |                                                        | Notification #       |  | Completed                                                                                                                   |  | Subdivision Name                                                      |                                                               | Lot #                                                     |  |
| Door                                                                   |  |                                                                      |                                                        | 10223454601          |  | 04-14-2026                                                                                                                  |  |                                                                       |                                                               | Block #                                                   |  |
| Well Constructor (Business Name)<br>HINTZKE WELL DRILLING INC          |  |                                                                      |                                                        | Lic. #<br>267        |  | Facility ID # (Public Wells)                                                                                                |  | Latitude / Longitude in Decimal Degree (DD)<br>44.9651 °N -87.3705 °W |                                                               | Method Code<br>SCR002                                     |  |
| Address N5072 HINTZKE RD<br>NEW LONDON WI 54961-9802                   |  |                                                                      |                                                        | Well Plan Approval # |  | NE NW Section Township Range<br>or Govt Lot # 29 29 N 26 E                                                                  |  | <b>2. Well Type</b> New Well                                          |                                                               |                                                           |  |
| Hicap Permanent Well #                                                 |  |                                                                      |                                                        | Common Well #        |  | Specific Capacity<br>0.5                                                                                                    |  | of previous unique well # constructed in                              |                                                               |                                                           |  |
| <b>3. Well serves</b> 1 # of HOME                                      |  |                                                                      |                                                        | Hicap Well ? No      |  | Reason for replaced or reconstructed well ?                                                                                 |  | Construction Type Drilled                                             |                                                               |                                                           |  |
| Private,potable                                                        |  |                                                                      |                                                        | Hicap Property ? No  |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |                                                        | Hicap Potable ? No   |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                 |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| Dia. (in.) From (ft.) To (ft.)                                         |  |                                                                      | Upper Enlarged Drillhole                               |                      |  | Lower Open Bedrock                                                                                                          |  |                                                                       | <b>8. Geology</b>                                             |                                                           |  |
| 8 Surface 134                                                          |  |                                                                      | No Rotary - Mud Circulation .....                      |                      |  | No                                                                                                                          |  |                                                                       | Geology Codes Type, Caving/Noncaving, Color, Hardness, etc... |                                                           |  |
| 6 134 165                                                              |  |                                                                      | No Rotary - Air .....                                  |                      |  | Yes                                                                                                                         |  |                                                                       | U I G U-BLUE I-SOIL-ORGANIC G-W/GRAVEL/STONES                 |                                                           |  |
|                                                                        |  |                                                                      | Yes Rotary - Air & Foam .....                          |                      |  | No                                                                                                                          |  |                                                                       | T L T-TAN/BROWN L-LIMESTONE/DOLOMITE                          |                                                           |  |
|                                                                        |  |                                                                      | No Drill-Through Casing Hammer                         |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
|                                                                        |  |                                                                      | No Reverse Rotary                                      |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
|                                                                        |  |                                                                      | No Cable-tool Bit ___ in. dia...                       |                      |  | No                                                                                                                          |  |                                                                       |                                                               |                                                           |  |
|                                                                        |  |                                                                      | No Dual Rotary .....                                   |                      |  | No                                                                                                                          |  |                                                                       |                                                               |                                                           |  |
|                                                                        |  |                                                                      | No Temp. Outer Casing ___ in. dia                      |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
|                                                                        |  |                                                                      | No Removed? ___ depth ft. (If NO explain on back side) |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |                                                        |                      |  | From (ft.)                                                                                                                  |  | To (ft.)                                                              |                                                               | <b>11. Well Is</b>                                        |  |
| 6                                                                      |  | US WHEATLAND PE 280 WALL A53 WELD                                    |                                                        |                      |  | Surface                                                                                                                     |  | 136                                                                   |                                                               | 24 in. above grade                                        |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |                                                        |                      |  | From (ft.)                                                                                                                  |  | To (ft.)                                                              |                                                               | Developed ? Yes                                           |  |
|                                                                        |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               | Disinfected ? Yes                                         |  |
|                                                                        |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               | Capped ? Yes                                              |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| Method BRADENHEAD                                                      |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| Kind of Sealing Material                                               |  |                                                                      |                                                        | From (ft.)           |  | To (ft.)                                                                                                                    |  | # Sacks Cement                                                        |                                                               |                                                           |  |
| NEAT CEMENT GROUT                                                      |  |                                                                      |                                                        | Surface              |  | 133                                                                                                                         |  | 36 S                                                                  |                                                               |                                                           |  |
| <b>9. Static Water Level</b>                                           |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| 1 ft. above ground surface                                             |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| Pumping level 40 ft. below surface                                     |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| Pumping at 20 GP M for 2 Hrs.                                          |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| Pumping Method ? Airlift                                               |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| <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>                           |  |                                                                      |                                                        |                      |  |                                                                                                                             |  |                                                                       |                                                               |                                                           |  |
| JCH                                                                    |  |                                                                      |                                                        | Lic #                |  | 6935                                                                                                                        |  | Date Signed                                                           |                                                               |                                                           |  |
| Drill Rig Operator                                                     |  |                                                                      |                                                        | Lic or Reg #         |  | 8803                                                                                                                        |  | Date Signed                                                           |                                                               |                                                           |  |
| AMW                                                                    |  |                                                                      |                                                        | 8803                 |  | 04-24-2026                                                                                                                  |  | 04-24-2026                                                            |                                                               |                                                           |  |

**4a. Potential Contamination Sources**

Is the well located in floodplain ? No

Comment: VERBAL WAS GIVEN FROM BEN DEGNER TO INSTALL 130 FT OF CASING BEFORE VARIANCE WAS GRANTED

Created On: 04-16-2026

Updated On: 05-29-2026

Review Status: APPROVED