

|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
|----------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|-----------------------------------------------------------------------|-------|-------------------------------------------------------------|-----------------------|-----------------------------------------------------------|--|------------|--|--------------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                 |  |                                                                      |  | <b>ACM754</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 DOUBLE D CONSTRUCTION                                                   |  |                                                                      |  |                            |  | Phone #                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>1. Well Location</b> |  |                                                                       |       | Fire # (if avail.)                                          |                       |                                                           |  |            |  |                    |  |             |  |
| Mailing Address 1010 88TH AVE                                                          |  |                                                                      |  |                            |  | Town of PARIS                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
| City KENOSHA                                                                           |  |                                                                      |  |                            |  | State WI                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Zip Code 53144          |  |                                                                       |       | Street Address or Road Name and Number<br>15204 12TH STREET |                       |                                                           |  |            |  |                    |  |             |  |
| County Kenosha                                                                         |  | Co. Permit #                                                         |  | Notification # 10207782301 |  | Completed 04-15-2026                                                                                                                                                                                                                                                                                                                                                                                                            |  | Subdivision Name        |  |                                                                       | Lot # |                                                             | Block #               |                                                           |  |            |  |                    |  |             |  |
| Well Constructor (Business Name)<br>SWEENEY, KENNETH R                                 |  |                                                                      |  | Lic. # 583                 |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                                                                                                                                    |  |                         |  | Latitude / Longitude in Decimal Degree (DD)<br>42.6439 °N -87.9941 °W |       |                                                             | Method Code<br>GPS008 |                                                           |  |            |  |                    |  |             |  |
| Address KEN SWEENEY WELL DRILLING & PUMPS 11221 W ST MARTINS RD FRANKLIN WI 53132-2331 |  |                                                                      |  | Well Plan Approval #       |  | SE SE                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Section 10              |  | Township 2 N                                                          |       | Range 21 E                                                  |                       |                                                           |  |            |  |                    |  |             |  |
|                                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  | or Govt Lot #                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
| Hicap Permanent Well #                                                                 |  | Common Well #                                                        |  | Specific Capacity<br>1.2   |  | <b>2. Well Type</b> New Well                                                                                                                                                                                                                                                                                                                                                                                                    |  |                         |  | of previous unique well # constructed in                              |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
| <b>3. Well serves</b> 1 # of HOME                                                      |  |                                                                      |  | Hicap Well ? No            |  | Reason for replaced or reconstructed well ?                                                                                                                                                                                                                                                                                                                                                                                     |  |                         |  |                                                                       |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
| Private, potable                                                                       |  |                                                                      |  | Hicap Property ? No        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
| Heat Exchange ___ # of drillholes                                                      |  |                                                                      |  | Hicap Potable ? No         |  | Construction Type Drilled                                                                                                                                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                       |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
| <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                                                              |  | 222                        |  | <u>No</u> Rotary - Mud Circulation ..... <u>No</u><br><u>No</u> Rotary - Air ..... <u>Yes</u><br><u>No</u> Rotary - Air & Foam ..... <u>No</u><br><u>Yes</u> Drill-Through Casing Hammer<br><u>No</u> Reverse Rotary<br><u>No</u> Cable-tool Bit ___ in. dia... <u>No</u><br><u>No</u> Dual Rotary ..... <u>No</u><br><u>No</u> Temp. Outer Casing ___ in. dia<br><u>No</u> Removed? ___ depth ft. (If NO explain on back side) |  |                         |  |                                                                       |       | T C                                                         |                       | T-TAN/BROWN C-CLAY                                        |  | Surface    |  | 16                 |  |             |  |
|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       | U C                                                         |                       | U-BLUE C-CLAY                                             |  | 16         |  | 118                |  |             |  |
|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       | U C S                                                       |                       | U-BLUE C-CLAY S-SANDY                                     |  | 118        |  | 205                |  |             |  |
|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       | L                                                           |                       | L-LIMESTONE/DOLOMITE                                      |  | 205        |  | 222                |  |             |  |
| <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.)                |  | 78 ft. below ground surface                                           |       |                                                             |                       | 18 in. above grade                                        |  |            |  |                    |  |             |  |
| 6                                                                                      |  | 18.97#/FT ASTM A53B WHEATLAND WELDED                                 |  |                            |  | Surface                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 205                     |  | <b>10. Pump Test</b>                                                  |       |                                                             |                       | Developed ? Yes                                           |  |            |  |                    |  |             |  |
| Dia. (in.)                                                                             |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                      |  | To (ft.)                |  | Pumping level 120 ft. below surface                                   |       |                                                             |                       | Disinfected ? Yes                                         |  |            |  |                    |  |             |  |
|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  | Pumping at 50 GP M for 2 Hrs.                                         |       |                                                             |                       | Capped ? Yes                                              |  |            |  |                    |  |             |  |
|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  | Pumping Method ? Airlift                                              |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
| <b>7. Grout or Other Sealing Material</b>                                              |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       |                                                             |                       | <b>12. Notified Owner of need to fill &amp; seal ?</b> No |  |            |  |                    |  |             |  |
| Method                                                                                 |  | MOUNDED                                                              |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       |                                                             |                       | Filled & Sealed Well(s) as needed? No                     |  |            |  |                    |  |             |  |
| Kind of Sealing Material                                                               |  | From (ft.)                                                           |  | To (ft.)                   |  | # Sacks Cement                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                       |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
| GRANULAR BENTONITE                                                                     |  | Surface                                                              |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       |                                                             |                       |                                                           |  |            |  |                    |  |             |  |
|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       |                                                             |                       | <b>13. Constructor / Supervisory Driller</b>              |  |            |  | Lic #              |  | Date Signed |  |
|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       |                                                             |                       | KS                                                        |  |            |  | 583                |  | 04-21-2026  |  |
|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       |                                                             |                       | Drill Rig Operator                                        |  |            |  | Lic or Reg #       |  | Date Signed |  |
|                                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |  |                                                                       |       |                                                             |                       | MW                                                        |  |            |  | 7359               |  | 04-21-2026  |  |

**4a. Potential Contamination Sources**

Is the well located in floodplain ? No

Comment:

Created On: 04-21-2026

Updated On: 05-14-2026

Review Status: APPROVED