

|                                                                        |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|---------------------|----------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|---------------------------------------------|----------------------------------------|--------------|----------------------------------------|---------------------------|-------------------------------------------------|----------------|------------|--|--------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |                     | <b>ACN298</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 JOHN FUNKE                                              |  |                                                                      |                     |                            | Phone #            |                                                                                                                             |                      | 1. Well Location |                                             |                                        |              | Fire # (if avail.)                     |                           |                                                 |                |            |  |              |  |             |  |
| Mailing Address 4827 RIVERSIDE RD                                      |  |                                                                      |                     |                            | Town of WATERFORD  |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| City WATERFORD                                                         |  |                                                                      |                     |                            | State WI           |                                                                                                                             | Zip Code 53185       |                  |                                             |                                        |              | Street Address or Road Name and Number |                           |                                                 |                |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     |                            | 4728 RIVERSIDE RD. |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| County Racine                                                          |  | Co. Permit #                                                         |                     | Notification # 10259000501 |                    |                                                                                                                             | Completed 05-08-2026 |                  |                                             | Subdivision Name                       |              |                                        | Lot #                     |                                                 | Block #        |            |  |              |  |             |  |
| Well Constructor (Business Name)                                       |  |                                                                      |                     | Lic. # 6413                |                    | Facility ID # (Public Wells)                                                                                                |                      |                  | Latitude / Longitude in Decimal Degree (DD) |                                        |              |                                        | Method Code               |                                                 |                |            |  |              |  |             |  |
| BIERSACK, ROBERT K                                                     |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  | 42.7809 °N -88.2191 °W                      |                                        |              |                                        | SCR002                    |                                                 |                |            |  |              |  |             |  |
| Address BIRSACK WELL SERVICE W4502 ST RD 20<br>EAST TROY WI 53120      |  |                                                                      |                     | Well Plan Approval #       |                    |                                                                                                                             | SE NW                |                  | Section 26                                  |                                        | Township 4 N |                                        | Range 19 E                |                                                 |                |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     | Approval Date (mm-dd-yyyy) |                    |                                                                                                                             | or Govt Lot #        |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| Hicap Permanent Well #                                                 |  |                                                                      | Common Well #       |                            |                    | Specific Capacity 5                                                                                                         |                      |                  | 2. Well Type Replacement                    |                                        |              |                                        | of previous unique well # |                                                 | constructed in |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  | Reason for replaced or reconstructed well ? |                                        |              |                                        | REPLACING POINT WELL      |                                                 |                |            |  |              |  |             |  |
| 3. Well serves 1 # of HOME                                             |  |                                                                      | Hicap Well ? No     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| Private, potable                                                       |  |                                                                      | Hicap Property ? No |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      | Hicap Potable ? No  |                            |                    |                                                                                                                             |                      |                  | Construction Type Drilled                   |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| 4. Potential Contamination Sources - ON REVERSE SIDE                   |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| 5. Drillhole Dimensions and Construction Method                        |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           | 8. Geology                                      |                |            |  |              |  |             |  |
| 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                                                              |                     | 38                         |                    | No Rotary - Mud Circulation .....                                                                                           |                      |                  | No                                          |                                        |              | Y Z                                    |                           | Y-YELLOW Z-CLAY & GRAVEL                        |                | Surface    |  | 15           |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    | No Rotary - Air .....                                                                                                       |                      |                  | No                                          |                                        |              | Y S                                    |                           | Y-YELLOW S-SAND                                 |                | 15         |  | 26           |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    | No Rotary - Air & Foam .....                                                                                                |                      |                  | No                                          |                                        |              | G C                                    |                           | G-GRAY C-CLAY                                   |                | 26         |  | 36           |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    | No Drill-Through Casing Hammer                                                                                              |                      |                  |                                             |                                        |              | R Y                                    |                           | R-RED Y-SAND & GRAVEL                           |                | 36         |  | 38           |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    | No Reverse Rotary                                                                                                           |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    | Yes Cable-tool Bit 6in. dia...                                                                                              |                      |                  | No                                          |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    | No Dual Rotary .....                                                                                                        |                      |                  | No                                          |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    | No Temp. Outer Casing ___ in. dia                                                                                           |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    | No Removed? ___ depth ft. (If NO explain on back side)                                                                      |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| 6. Casing, Liner, Screen                                               |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           | 9. Static Water Level                           |                |            |  | 11. Well Is  |  |             |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |                     |                            |                    | From (ft.)                                                                                                                  |                      | To (ft.)         |                                             | 7 ft. below ground surface             |              |                                        |                           | 18 in. above grade                              |                |            |  |              |  |             |  |
| 6                                                                      |  | NOVA STEEL ASTM A53B 18.97 PPF P/E                                   |                     |                            |                    | Surface                                                                                                                     |                      | 38               |                                             | 10. Pump Test                          |              |                                        |                           | Developed ? Yes                                 |                |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             | Pumping level 10 ft. below surface     |              |                                        |                           | Disinfected ? Yes                               |                |            |  |              |  |             |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |                     |                            |                    | From (ft.)                                                                                                                  |                      | To (ft.)         |                                             | Pumping at 15 GP M for 1 Hrs.          |              |                                        |                           | Capped ? Yes                                    |                |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             | Pumping Method ? Test Pump             |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| 7. Grout or Other Sealing Material                                     |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           | 12. Notified Owner of need to fill & seal ? Yes |                |            |  |              |  |             |  |
| Method MOUNDED                                                         |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           | TO BE DONE BY PUMP INSTALLER                    |                |            |  |              |  |             |  |
| Kind of Sealing Material                                               |  |                                                                      |                     | From (ft.)                 |                    | To (ft.)                                                                                                                    |                      | # Sacks Cement   |                                             | Filled & Sealed Well(s) as needed? Yes |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
| GRANULAR BENTONITE                                                     |  |                                                                      |                     | Surface                    |                    |                                                                                                                             |                      |                  |                                             | BY PUMP INSTALLER                      |              |                                        |                           |                                                 |                |            |  |              |  |             |  |
|                                                                        |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           | 13. Constructor / Supervisory Driller           |                |            |  | Lic #        |  | Date Signed |  |
|                                                                        |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           | RB                                              |                |            |  | 6413         |  | 05-11-2026  |  |
|                                                                        |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           | Drill Rig Operator                              |                |            |  | Lic or Reg # |  | Date Signed |  |
|                                                                        |  |                                                                      |                     |                            |                    |                                                                                                                             |                      |                  |                                             |                                        |              |                                        |                           |                                                 |                |            |  |              |  |             |  |

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

| Type                      | Qualifier | Distance |
|---------------------------|-----------|----------|
| Building Drain - Sanitary |           | 9        |

Comment:

Created On: 05-11-2026

Updated On: 06-01-2026

Review Status: APPROVED