

|                                                                        |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|-----------------------------------------------------|----------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------|---------------------|--------------------------------------------------------------|--------------------------|-------------------------------------------------|------------------------------------------|--|---------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |                                                     | <b>CJ742</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 SUE DALEY                                               |  |                                                                      |                                                     |                | Phone # (608)564-7411   |                                                                                                                             |                              | <b>1. Well Location</b>                                  |                     |                                                              |                          | Fire # (if avail.)                              |                                          |  |         |  |
| Mailing Address RT 1                                                   |  |                                                                      |                                                     |                | Town of MONROE TOWNSHIP |                                                                                                                             |                              |                                                          |                     |                                                              |                          | 1799                                            |                                          |  |         |  |
| City ARKDALE                                                           |  |                                                                      |                                                     |                | State WI                |                                                                                                                             | Zip Code 54646               |                                                          |                     |                                                              |                          | Street Address or Road Name and Number<br>HWY Z |                                          |  |         |  |
| County Adams                                                           |  | Co. Permit #                                                         |                                                     | Notification # |                         |                                                                                                                             | Completed 08-01-1989         |                                                          |                     | Subdivision Name                                             |                          |                                                 | Lot #                                    |  | Block # |  |
| Well Constructor (Business Name)<br>QUINNELLS SEPTIC AND WELL SER INC  |  |                                                                      |                                                     |                | Lic. # 97               |                                                                                                                             | Facility ID # (Public Wells) |                                                          |                     | Latitude / Longitude in Decimal Degree (DD)<br>°N °W         |                          |                                                 | Method Code                              |  |         |  |
| Address RT 2<br>FRIENDSHIP WI 53934                                    |  |                                                                      |                                                     |                | Well Plan Approval #    |                                                                                                                             |                              | NW NW Section Township Range<br>or Govt Lot # 9 19 N 5 E |                     | <b>2. Well Type</b> Replacement                              |                          |                                                 | of previous unique well # constructed in |  |         |  |
| Hicap Permanent Well #                                                 |  |                                                                      |                                                     |                | Common Well #           |                                                                                                                             | Specific Capacity            |                                                          |                     | Reason for replaced or reconstructed well ?<br>OLD WELL SLOW |                          |                                                 |                                          |  |         |  |
| <b>3. Well serves</b> 1 # of Private, potable                          |  |                                                                      |                                                     |                | Hicap Well ? No         |                                                                                                                             |                              | Hicap Property ? No                                      |                     |                                                              | Construction Type Jetted |                                                 |                                          |  |         |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |                                                     |                | Hicap Potable ?         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| <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 5                                                            |  |                                                                      | Rotary - Mud Circulation .....                      |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| 2 5 55                                                                 |  |                                                                      | Rotary - Air .....                                  |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
|                                                                        |  |                                                                      | Rotary - Air & Foam .....                           |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
|                                                                        |  |                                                                      | Drill-Through Casing Hammer                         |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
|                                                                        |  |                                                                      | Reverse Rotary                                      |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
|                                                                        |  |                                                                      | Cable-tool Bit ___ in. dia...                       |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
|                                                                        |  |                                                                      | Dual Rotary .....                                   |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
|                                                                        |  |                                                                      | Temp. Outer Casing ___ in. dia                      |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
|                                                                        |  |                                                                      | Removed? ___ depth ft. (If NO explain on back side) |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| <b>8. Geology</b>                                                      |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| Dia. (in.) From (ft.) To (ft.)                                         |  |                                                                      | Geology Codes                                       |                |                         | Type, Caving/Noncaving, Color, Hardness, etc...                                                                             |                              |                                                          | From (ft.) To (ft.) |                                                              |                          |                                                 |                                          |  |         |  |
| 6 Surface 5                                                            |  |                                                                      | S                                                   |                |                         | SAND                                                                                                                        |                              |                                                          | Surface 21          |                                                              |                          |                                                 |                                          |  |         |  |
| 2 5 55                                                                 |  |                                                                      | C                                                   |                |                         | CLAY                                                                                                                        |                              |                                                          | 21 36               |                                                              |                          |                                                 |                                          |  |         |  |
|                                                                        |  |                                                                      | S                                                   |                |                         | SAND                                                                                                                        |                              |                                                          | 36 45               |                                                              |                          |                                                 |                                          |  |         |  |
|                                                                        |  |                                                                      | A S G                                               |                |                         | COARSE SAND AND GRAVEL                                                                                                      |                              |                                                          | 45 55               |                                                              |                          |                                                 |                                          |  |         |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |                                                     |                |                         | From (ft.)                                                                                                                  |                              | To (ft.)                                                 |                     | <b>9. Static Water Level</b>                                 |                          |                                                 |                                          |  |         |  |
| 2                                                                      |  | CYCLOPS CORP. ASTM-A-589 .154 WALL 3.75#/FT T@C                      |                                                     |                |                         | Surface                                                                                                                     |                              | 52                                                       |                     | 30 ft. below ground surface                                  |                          |                                                 |                                          |  |         |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |                                                     |                |                         | From (ft.)                                                                                                                  |                              | To (ft.)                                                 |                     | <b>10. Pump Test</b>                                         |                          |                                                 |                                          |  |         |  |
| 1.25                                                                   |  | 3' CLAYTON MARK 60 GAUZE                                             |                                                     |                |                         | 52                                                                                                                          |                              | 55                                                       |                     | Pumping level 30 ft. below surface                           |                          |                                                 |                                          |  |         |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                    |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     | Pumping at 10 GP for 1 Hrs.                                  |                          |                                                 |                                          |  |         |  |
| Method                                                                 |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     | Pumping Method ?                                             |                          |                                                 |                                          |  |         |  |
| <b>11. Well Is</b>                                                     |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| 12 in. above grade                                                     |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| Developed ? Yes                                                        |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| Disinfected ? Yes                                                      |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| Capped ? Yes                                                           |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                 |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| Filled & Sealed Well(s) as needed? Yes                                 |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     |                                                              |                          |                                                 |                                          |  |         |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     | Lic #                                                        |                          | Date Signed                                     |                                          |  |         |  |
| DQ                                                                     |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     | 08-01-1989                                                   |                          | 08-01-1989                                      |                                          |  |         |  |
| Drill Rig Operator                                                     |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     | Lic or Reg #                                                 |                          | Date Signed                                     |                                          |  |         |  |
| Method                                                                 |  |                                                                      |                                                     |                |                         |                                                                                                                             |                              |                                                          |                     | Date Signed                                                  |                          | Date Signed                                     |                                          |  |         |  |

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

| Type                                                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 70       | Building Overhang                |           | 6        |
|                                                           |           |          | Septic or Holding, or POWTS Tank | >         | 50       |

Comment:

Created On: 11-28-1989

Updated On: 11-28-1989

Review Status: