

|                                                                        |  |                                                                       |  |                      |  |                                                                                                                             |  |                              |  |                                                                       |  |                                                         |  |                                    |  |                                                 |  |                                                        |  |          |  |
|------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|-----------------------------------------------------------------------|--|---------------------------------------------------------|--|------------------------------------|--|-------------------------------------------------|--|--------------------------------------------------------|--|----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                       |  | <b>CN446</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 GERTRUDE DRIKWINE                                       |  |                                                                       |  |                      |  | Phone # (608)339-6376                                                                                                       |  | <b>1. Well Location</b>      |  |                                                                       |  | Fire # (if avail.)                                      |  |                                    |  |                                                 |  |                                                        |  |          |  |
| Mailing Address 2148 MARKET ST                                         |  |                                                                       |  |                      |  | Town of QUINCY                                                                                                              |  |                              |  |                                                                       |  | 2148                                                    |  |                                    |  |                                                 |  |                                                        |  |          |  |
| City FRIENDSHIP                                                        |  |                                                                       |  |                      |  | State WI                                                                                                                    |  | Zip Code 53934               |  |                                                                       |  | Street Address or Road Name and Number<br>MARKET STREET |  |                                    |  |                                                 |  |                                                        |  |          |  |
| County Adams                                                           |  | Co. Permit #                                                          |  | Notification #       |  | Completed 03-18-1991                                                                                                        |  | Subdivision Name<br>DELLWOOD |  |                                                                       |  | Lot #<br>Block #                                        |  |                                    |  |                                                 |  |                                                        |  |          |  |
| Well Constructor (Business Name)<br>QUINNELLS SEPTIC AND WELL SER IN   |  |                                                                       |  | Lic. # 97            |  | Facility ID # (Public Wells)                                                                                                |  |                              |  | Latitude / Longitude in Decimal Degree (DD)<br>43.9448 °N -89.9495 °W |  |                                                         |  | Method Code<br>GCD013              |  |                                                 |  |                                                        |  |          |  |
| Address RT 2<br>FRIENDSHIP WI 53934                                    |  |                                                                       |  | Well Plan Approval # |  | SE NW                                                                                                                       |  | Section 18                   |  | Township 17 N                                                         |  | Range 5 E                                               |  | <b>2. Well Type</b> Replacement    |  |                                                 |  |                                                        |  |          |  |
| Hicap Permanent Well #                                                 |  |                                                                       |  | Common Well #        |  | Specific Capacity                                                                                                           |  |                              |  | of previous unique well # constructed in                              |  |                                                         |  |                                    |  |                                                 |  |                                                        |  |          |  |
| <b>3. Well serves</b> 1 # of                                           |  |                                                                       |  | Hicap Well ? No      |  | Reason for replaced or reconstructed well ?                                                                                 |  |                              |  |                                                                       |  |                                                         |  |                                    |  |                                                 |  |                                                        |  |          |  |
| Private, potable                                                       |  |                                                                       |  | Hicap Property ? No  |  | OLD WELL SLOW                                                                                                               |  |                              |  |                                                                       |  |                                                         |  |                                    |  |                                                 |  |                                                        |  |          |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                       |  | Hicap Potable ?      |  | Construction Type Jetted                                                                                                    |  |                              |  |                                                                       |  |                                                         |  |                                    |  |                                                 |  |                                                        |  |          |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                       |  |                      |  |                                                                                                                             |  |                              |  |                                                                       |  |                                                         |  | <b>8. Geology</b>                  |  |                                                 |  |                                                        |  |          |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                 |  |                                                                       |  |                      |  |                                                                                                                             |  |                              |  |                                                                       |  |                                                         |  | Geology Codes                      |  | Type, Caving/Noncaving, Color, Hardness, etc... |  | From (ft.)                                             |  | To (ft.) |  |
| Dia. (in.)                                                             |  | From (ft.)                                                            |  | To (ft.)             |  | Upper Enlarged Drillhole                                                                                                    |  |                              |  | Lower Open Bedrock                                                    |  |                                                         |  | SAND                               |  | Surface                                         |  | 27                                                     |  |          |  |
| 6                                                                      |  | Surface                                                               |  | 5                    |  | Rotary - Mud Circulation .....                                                                                              |  |                              |  | Rotary - Air .....                                                    |  |                                                         |  | 27                                 |  | 34                                              |  |                                                        |  |          |  |
| 2                                                                      |  | 5                                                                     |  | 45                   |  | Rotary - Air & Foam .....                                                                                                   |  |                              |  | Drill-Through Casing Hammer                                           |  |                                                         |  | 34                                 |  | 38                                              |  |                                                        |  |          |  |
| Reverse Rotary                                                         |  | Cable-tool Bit ___ in. dia...                                         |  | Dual Rotary .....    |  | Temp. Outer Casing ___ in. dia                                                                                              |  |                              |  | Removed? ___ depth ft. (If NO explain on back side)                   |  |                                                         |  | A S                                |  | COARSE SAND                                     |  | 38                                                     |  | 45       |  |
| <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.)                     |  | 16 ft. below ground surface                                           |  |                                                         |  | 12 in. above grade                 |  |                                                 |  |                                                        |  |          |  |
| 2                                                                      |  | CYCLOPS CORP. ASTM-A-589 IPS .154 WALL<br>3.75#/FT 2THREADED COUPLING |  |                      |  | Surface                                                                                                                     |  | 42                           |  | <b>10. Pump Test</b>                                                  |  |                                                         |  | Developed ? Yes                    |  |                                                 |  |                                                        |  |          |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                     |  |                      |  | From (ft.)                                                                                                                  |  | To (ft.)                     |  | Pumping level 16 ft. below surface                                    |  |                                                         |  | Disinfected ? Yes                  |  |                                                 |  |                                                        |  |          |  |
| 1.25                                                                   |  | 3' CLAYTON MARK 60 GAUZE                                              |  |                      |  | 42                                                                                                                          |  | 45                           |  | Pumping at 10 GP for 1 Hrs.                                           |  |                                                         |  | Capped ? Yes                       |  |                                                 |  |                                                        |  |          |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                       |  |                      |  |                                                                                                                             |  |                              |  |                                                                       |  |                                                         |  | Pumping Method ?                   |  |                                                 |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |          |  |
| Method                                                                 |  |                                                                       |  |                      |  |                                                                                                                             |  |                              |  |                                                                       |  |                                                         |  | Filled & Sealed Well(s) as needed? |  |                                                 |  | Yes                                                    |  |          |  |
| Kind of Sealing Material                                               |  |                                                                       |  | From (ft.)           |  | To (ft.)                                                                                                                    |  | # Sacks Cement               |  | <b>13. Constructor / Supervisory Driller</b>                          |  |                                                         |  | Lic #                              |  | Date Signed                                     |  |                                                        |  |          |  |
| SAND                                                                   |  |                                                                       |  | Surface              |  | 0                                                                                                                           |  | DDQ                          |  | Drill Rig Operator                                                    |  |                                                         |  | Lic or Reg #                       |  | Date Signed                                     |  |                                                        |  |          |  |
| 03-18-1991                                                             |  |                                                                       |  | 03-18-1991           |  | 03-18-1991                                                                                                                  |  | 03-18-1991                   |  | 03-18-1991                                                            |  |                                                         |  | 03-18-1991                         |  | 03-18-1991                                      |  |                                                        |  |          |  |

**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) |           | 53       | Building Overhang                |           | 4        |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 40       |

Comment:

Created On: 07-12-1991

Updated On: 05-04-2020

Review Status: