

|                                                                        |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
|------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|-----------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|------------------------------|--|----------------------------------------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                   |  | <b>CU648</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 IRV HAJEK                                               |  |                                                                   |  |                       |  | Phone # (715)258-0171                                                                                                                                                                                                                                                                                 |  | <b>1. Well Location</b>                                 |  |                              |  | Fire # (if avail.)                                       |  |
| Mailing Address N2707 PRYSE DR                                         |  |                                                                   |  |                       |  | Town of FARMINGTON                                                                                                                                                                                                                                                                                    |  |                                                         |  |                              |  | N2707                                                    |  |
| City WAUPACA                                                           |  |                                                                   |  |                       |  | State WI                                                                                                                                                                                                                                                                                              |  | Zip Code 54981                                          |  |                              |  | Street Address or Road Name and Number<br>N2707 PRYSE DR |  |
| County Waupaca                                                         |  | Co. Permit #                                                      |  | Notification #        |  | Completed 10-20-1990                                                                                                                                                                                                                                                                                  |  | Subdivision Name                                        |  |                              |  | Lot #<br>Block #                                         |  |
| Well Constructor (Business Name)<br>JOHNSON STANLEY                    |  |                                                                   |  | Lic. # 189            |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                          |  | Latitude / Longitude in Decimal Degree (DD)<br>°N °W    |  |                              |  | Method Code                                              |  |
| Address E 1480 RURAL ROAD<br>WAUPACA WI 54981                          |  |                                                                   |  | Well Plan Approval #  |  | Approval Date (mm-dd-yyyy)                                                                                                                                                                                                                                                                            |  | NW Section Township Range<br>or Govt Lot # 36 22 N 11 E |  | <b>2. Well Type</b> New Well |  |                                                          |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                     |  | Specific Capacity 1.5 |  | Reason for replaced or reconstructed well ?                                                                                                                                                                                                                                                           |  |                                                         |  |                              |  |                                                          |  |
| <b>3. Well serves</b> 1 # of Private, potable                          |  |                                                                   |  | Hicap Well ? No       |  | Construction Type Drilled                                                                                                                                                                                                                                                                             |  |                                                         |  |                              |  |                                                          |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                   |  | Hicap Property ? No   |  | 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                                                                                                                                                                                                                                                           |  |                                                         |  |                              |  |                                                          |  |
| 10                                                                     |  | Surface                                                           |  | 20                    |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br><u>Yes</u> Temp. Outer Casing 10in. dia<br><u>Yes</u> Removed? ___ depth ft. (If NO explain on back side) |  |                                                         |  |                              |  |                                                          |  |
| <b>8. Geology</b>                                                      |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| Geology Codes                                                          |  | Type, Caving/Noncaving, Color, Hardness, etc...                   |  |                       |  | From (ft.)                                                                                                                                                                                                                                                                                            |  | To (ft.)                                                |  |                              |  |                                                          |  |
|                                                                        |  | S SAND                                                            |  |                       |  | Surface                                                                                                                                                                                                                                                                                               |  | 118                                                     |  |                              |  |                                                          |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification Manufacturer & Method of Assembly |  |                       |  | From (ft.)                                                                                                                                                                                                                                                                                            |  | To (ft.)                                                |  |                              |  |                                                          |  |
| 5                                                                      |  | 15 LBS BLACK STEEL 1200 LBS TEST ASTM A120 ASTMA120 VSP CO T@C    |  |                       |  | Surface                                                                                                                                                                                                                                                                                               |  | 115                                                     |  |                              |  |                                                          |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                 |  |                       |  | From (ft.)                                                                                                                                                                                                                                                                                            |  | To (ft.)                                                |  |                              |  |                                                          |  |
| 4                                                                      |  | STAINLESS STEEL                                                   |  |                       |  | 115                                                                                                                                                                                                                                                                                                   |  | 118                                                     |  |                              |  |                                                          |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| Method                                                                 |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| Kind of Sealing Material                                               |  |                                                                   |  | From (ft.)            |  | To (ft.)                                                                                                                                                                                                                                                                                              |  | # Sacks Cement                                          |  |                              |  |                                                          |  |
| CLAY SLURRY                                                            |  |                                                                   |  | Surface               |  | 20                                                                                                                                                                                                                                                                                                    |  |                                                         |  |                              |  |                                                          |  |
| <b>9. Static Water Level</b>                                           |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| 28 ft. below ground surface                                            |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| <b>10. Pump Test</b>                                                   |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| Pumping level 36 ft. below surface                                     |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| Pumping at 12 GP for 1 Hrs.                                            |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| Pumping Method ?                                                       |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| <b>11. Well Is</b>                                                     |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| 10 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?                                     |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  |                              |  |                                                          |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  | Lic #                                                   |  | Date Signed                  |  |                                                          |  |
| SJ                                                                     |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  | 10-25-1990                   |  |                                                          |  |
| Drill Rig Operator                                                     |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  | Lic or Reg #                                            |  | Date Signed                  |  |                                                          |  |
| SJ                                                                     |  |                                                                   |  |                       |  |                                                                                                                                                                                                                                                                                                       |  |                                                         |  | 10-25-1990                   |  |                                                          |  |

**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) |           | 55       | Building Overhang                |           | 8        |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 35       |

Comment:

Created On: 07-15-1991

Updated On: 07-15-1991

Review Status: