

|                                                                                       |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
|---------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|-----------------------------------------------------------------------|--|--------------------------------------------------------|--|-------------------------------------------------|--|--------------------|--|----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                |  |                                                                      |  | <b>DA148</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 ROBERT SHIMER                                                          |  |                                                                      |  |                        |  | Phone # (414)794-1925                                                                                                       |  | <b>1. Well Location</b>   |  |                                                                       |  | Fire # (if avail.)                                     |  |                                                 |  |                    |  |          |  |
| Mailing Address 1516 CRYSTAL SPGS RD                                                  |  |                                                                      |  |                        |  | Town of TWO RIVERS                                                                                                          |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| City TWO RIVERS                                                                       |  |                                                                      |  |                        |  | State WI                                                                                                                    |  | Zip Code 54241            |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| County Manitowoc                                                                      |  | Co. Permit #                                                         |  | Notification #         |  | Completed 01-15-1991                                                                                                        |  | Subdivision Name          |  |                                                                       |  | Lot # Block #                                          |  |                                                 |  |                    |  |          |  |
| Well Constructor (Business Name)<br>TIPLER WELL AND PUMP                              |  |                                                                      |  | Lic. # 55              |  | Facility ID # (Public Wells)                                                                                                |  |                           |  | Latitude / Longitude in Decimal Degree (DD)<br>44.1866 °N -87.6271 °W |  |                                                        |  | Method Code<br>GCD013                           |  |                    |  |          |  |
| Address 15260 LONG ST P O BO<br>LAKEWOOD WI 54138                                     |  |                                                                      |  | Well Plan Approval #   |  | NW SE Section Township Range<br>or Govt Lot # 21 20 N 24 E                                                                  |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  | Approval Date (mm-dd-yyyy)                                                                                                  |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| Hicap Permanent Well #                                                                |  | Common Well #                                                        |  | Specific Capacity<br>3 |  | <b>2. Well Type</b> Replacement<br>of previous unique well # constructed in                                                 |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| Reason for replaced or reconstructed well ?<br>REPLACED ILLEGAL WELL IN               |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| <b>3. Well serves</b> 1 # of<br>Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                      |  |                        |  | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ?                                                                   |  | Construction Type Drilled |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                           |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  |                                                                       |  | <b>8. Geology</b>                                      |  |                                                 |  |                    |  |          |  |
| Dia. (in.)                                                                            |  | From (ft.)                                                           |  | To (ft.)               |  | Upper Enlarged Drillhole                                                                                                    |  |                           |  | Lower Open Bedrock                                                    |  | Geology Codes                                          |  | Type, Caving/Noncaving, Color, Hardness, etc... |  | From (ft.)         |  | To (ft.) |  |
| 10                                                                                    |  | Surface                                                              |  | 90                     |  | Yes Rotary - Mud Circulation .....                                                                                          |  |                           |  |                                                                       |  | S SAND                                                 |  | Surface                                         |  | 20                 |  |          |  |
| 6                                                                                     |  | 90                                                                   |  | 94                     |  | Yes Rotary - Air .....                                                                                                      |  |                           |  |                                                                       |  | C CLAY                                                 |  | 20                                              |  | 50                 |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  | Rotary - Air & Foam .....                                                                                                   |  |                           |  |                                                                       |  | G GRAVEL BOULDERS                                      |  | 50                                              |  | 60                 |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  | Drill-Through Casing Hammer                                                                                                 |  |                           |  |                                                                       |  | C CLAY                                                 |  | 60                                              |  | 80                 |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  | Reverse Rotary                                                                                                              |  |                           |  |                                                                       |  | P HARD PAN                                             |  | 80                                              |  | 90                 |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  | Cable-tool Bit ___ in. dia...                                                                                               |  |                           |  |                                                                       |  | L LIMESTONE                                            |  | 90                                              |  | 94                 |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  | Dual Rotary .....                                                                                                           |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  | Temp. Outer Casing ___ in. dia                                                                                              |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  | Removed? ___ depth ft. (If NO explain on back side)                                                                         |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| <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.)                  |  | 20 ft. below ground surface                                           |  |                                                        |  | 12 in. above grade                              |  |                    |  |          |  |
| 6                                                                                     |  | ASTM A53 GR B NEWPORT STEEL WELDED<br>JT WT 18.97PER FT              |  |                        |  | Surface                                                                                                                     |  | 91                        |  | <b>10. Pump Test</b>                                                  |  |                                                        |  | Developed ? Yes                                 |  |                    |  |          |  |
| Dia. (in.)                                                                            |  | Screen type, material & slot size                                    |  |                        |  | From (ft.)                                                                                                                  |  | To (ft.)                  |  | Pumping level 30 ft. below surface                                    |  |                                                        |  | Disinfected ? Yes                               |  |                    |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  | Pumping at 30 GP for 4 Hrs.                                           |  |                                                        |  | Capped ? Yes                                    |  |                    |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  | Pumping Method ?                                                      |  |                                                        |  |                                                 |  |                    |  |          |  |
| <b>7. Grout or Other Sealing Material</b>                                             |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  |                                                                       |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |                                                 |  |                    |  |          |  |
| Method                                                                                |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| Kind of Sealing Material                                                              |  |                                                                      |  | From (ft.)             |  | To (ft.)                                                                                                                    |  | # Sacks Cement            |  |                                                                       |  | Filled & Sealed Well(s) as needed?                     |  |                                                 |  | No                 |  |          |  |
| DRILLING MUD                                                                          |  |                                                                      |  | Surface                |  | 90                                                                                                                          |  |                           |  |                                                                       |  | NOTIFIED TO ABANDON                                    |  |                                                 |  |                    |  |          |  |
|                                                                                       |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                        |  |                                                 |  |                    |  |          |  |
| <b>13. Constructor / Supervisory Driller</b>                                          |  |                                                                      |  |                        |  |                                                                                                                             |  | Lic #                     |  | Date Signed                                                           |  |                                                        |  |                                                 |  |                    |  |          |  |
| AT                                                                                    |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  | 01-18-1991                                                            |  |                                                        |  |                                                 |  |                    |  |          |  |
| Drill Rig Operator                                                                    |  |                                                                      |  |                        |  |                                                                                                                             |  | Lic or Reg #              |  | Date Signed                                                           |  |                                                        |  |                                                 |  |                    |  |          |  |
| AT                                                                                    |  |                                                                      |  |                        |  |                                                                                                                             |  |                           |  | 01-18-1991                                                            |  |                                                        |  |                                                 |  |                    |  |          |  |

**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) |           | 55       | Building Overhang                |           | 8        |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 30       |

Comment:

Created On: 04-03-1991

Updated On: 10-15-2019

Review Status: