

|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|--------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>DQ209</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 JEAN BOLLENBECK                                         |  |                                                                      |  |                      |  | Phone # (608)271-8728                                                                                                                                                                                                                                                             |  | <b>1. Well Location</b>                                                                                                                     |  |                    |  | Fire # (if avail.) |  |
| Mailing Address 5005 BARTON RD                                         |  |                                                                      |  |                      |  | Town of ADAMS                                                                                                                                                                                                                                                                     |  |                                                                                                                                             |  |                    |  |                    |  |
| City MADISON                                                           |  |                                                                      |  |                      |  | State WI                                                                                                                                                                                                                                                                          |  | Zip Code 53711                                                                                                                              |  |                    |  |                    |  |
| County Adams                                                           |  | Co. Permit #                                                         |  | Notification #       |  | Completed 08-12-1991                                                                                                                                                                                                                                                              |  | Subdivision Name CSM 1433                                                                                                                   |  |                    |  | Lot # 00001        |  |
| Well Constructor (Business Name) QUINNELLS SEPTIC @ WELL SER IN        |  |                                                                      |  | Lic. # 97            |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                      |  | Latitude / Longitude in Decimal Degree (DD)                                                                                                 |  |                    |  | Method Code        |  |
| Address RT 2<br>FRIENDSHIP WI 53934-9802                               |  |                                                                      |  | Well Plan Approval # |  | Approval Date (mm-dd-yyyy)                                                                                                                                                                                                                                                        |  | °N                                                                                                                                          |  | °W                 |  |                    |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity    |  | SW SE                                                                                                                                                                                                                                                                             |  | Section 8                                                                                                                                   |  | Township 17 N      |  | Range 6 E          |  |
| <b>3. Well serves</b> 1 # of Private, potable                          |  |                                                                      |  |                      |  | Hicap Well ? No                                                                                                                                                                                                                                                                   |  | <b>2. Well Type</b> Replacement<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>OLD WELL SLOW |  |                    |  |                    |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  |                      |  | Hicap Property ? No                                                                                                                                                                                                                                                               |  |                                                                                                                                             |  |                    |  |                    |  |
| Hicap Potable ?                                                        |  |                                                                      |  |                      |  | Construction Type Jetted                                                                                                                                                                                                                                                          |  |                                                                                                                                             |  |                    |  |                    |  |
| <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 .....<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>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |  |                                                                                                                                             |  |                    |  |                    |  |
| 2                                                                      |  | 5                                                                    |  | 64                   |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| <b>8. Geology</b>                                                      |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| Geology Codes                                                          |  | Type, Caving/Noncaving, Color, Hardness, etc...                      |  |                      |  | From (ft.)                                                                                                                                                                                                                                                                        |  | To (ft.)                                                                                                                                    |  |                    |  |                    |  |
| S                                                                      |  | SAND                                                                 |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 42                                                                                                                                          |  |                    |  |                    |  |
| C                                                                      |  | CLAY                                                                 |  |                      |  | 42                                                                                                                                                                                                                                                                                |  | 55                                                                                                                                          |  |                    |  |                    |  |
| N S                                                                    |  | FINE SAND                                                            |  |                      |  | 55                                                                                                                                                                                                                                                                                |  | 59                                                                                                                                          |  |                    |  |                    |  |
| G                                                                      |  | GRAVEL                                                               |  |                      |  | 59                                                                                                                                                                                                                                                                                |  | 64                                                                                                                                          |  |                    |  |                    |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                      |  | From (ft.)                                                                                                                                                                                                                                                                        |  | To (ft.)                                                                                                                                    |  |                    |  |                    |  |
| 2                                                                      |  | CYCLOPS CORP/ASTMT-A-589 IPS .154 WALL 3.75#/FT                      |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 61                                                                                                                                          |  |                    |  |                    |  |
| 2                                                                      |  | THREADED COUPLINGS                                                   |  |                      |  | 61                                                                                                                                                                                                                                                                                |  | 9999                                                                                                                                        |  |                    |  |                    |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                      |  | From (ft.)                                                                                                                                                                                                                                                                        |  | To (ft.)                                                                                                                                    |  |                    |  |                    |  |
| 1.25                                                                   |  | 3' CLAYTON MARK 60 GAUZE                                             |  |                      |  | 61                                                                                                                                                                                                                                                                                |  | 64                                                                                                                                          |  |                    |  |                    |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| Method                                                                 |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| Kind of Sealing Material                                               |  | From (ft.)                                                           |  | To (ft.)             |  | # Sacks Cement                                                                                                                                                                                                                                                                    |  |                                                                                                                                             |  |                    |  |                    |  |
| SAND                                                                   |  | Surface                                                              |  | 0                    |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| <b>9. Static Water Level</b>                                           |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| 13 ft. below ground surface                                            |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| Pumping level 13 ft. below surface                                     |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| Pumping at 10 GP for 1 Hrs.                                            |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| 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                                                          |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| DDQ                                                                    |  | 08-12-1991                                                           |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| Drill Rig Operator                                                     |  | Lic or Reg #                                                         |  | Date Signed          |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |
| JS                                                                     |  |                                                                      |  | 08-12-1991           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |  |                    |  |                    |  |

**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                |           | 5        |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 40       |

Comment:

Created On: 11-15-1991

Updated On: 11-15-1991

Review Status: