

|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
|--------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|------------------------------------------------------|--|--------------------|--|---------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                     |  |                                                                      |  | <b>DS246</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 <b>VILBROCK CONSTRUCTION</b>                                                |  |                                                                      |  |                                                           |  | Phone #<br>( ) 294-2188                                                                                                                                                                                                                                                                                          |  | <b>1. Well Location</b>                                                                                                                           |  |                                                                                                                |  | Fire # (if avail.)                                     |  |                                                      |  |                    |  |               |  |
| Mailing Address                                                                            |  |                                                                      |  |                                                           |  | Town of CLIFTON                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  | Street Address or Road Name and Number                 |  |                                                      |  |                    |  |               |  |
| City OSCEOLA                                                                               |  |                                                                      |  | State WI                                                  |  | Zip Code 54020                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                   |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
| County<br>Pierce                                                                           |  | Co. Permit #                                                         |  | Notification #                                            |  | Completed<br>02-11-1991                                                                                                                                                                                                                                                                                          |  | Subdivision Name                                                                                                                                  |  |                                                                                                                |  | Lot #<br>Block #                                       |  |                                                      |  |                    |  |               |  |
| Well Constructor (Business Name)<br>MARTELL STEVE PUMPS AND WD INC                         |  |                                                                      |  | Lic. #<br>105                                             |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                     |  | Latitude / Longitude in Decimal Degree (DD)<br><div style="display: flex; justify-content: space-around;"> <span>°N</span> <span>°W</span> </div> |  |                                                                                                                |  | Method Code                                            |  |                                                      |  |                    |  |               |  |
| Address P O BOX 28<br>SOMERSET WI 54025                                                    |  |                                                                      |  | Well Plan Approval #                                      |  | NE SW Section Township Range<br>or Govt Lot # 8 27 N 19 W                                                                                                                                                                                                                                                        |  | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?                           |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
|                                                                                            |  |                                                                      |  | Approval Date (mm-dd-yyyy)                                |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
| Hicap Permanent Well #                                                                     |  | Common Well #                                                        |  | Specific Capacity<br>1.2                                  |  | Construction Type Drilled                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                   |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
| <b>3. Well serves</b> 1 # of HOME<br>Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                      |  | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ? |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
| <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                                                              |  | 63                                                        |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br><u>Yes</u> 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) |  | C CLAY<br>L LIME                                                                                                                                  |  | Surface 8<br>8 255                                                                                             |  | 8 255                                                  |  |                                                      |  |                    |  |               |  |
|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
| <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.)                                                                                                                                          |  | 180 ft. below ground surface                                                                                   |  |                                                        |  | 12 in. above grade                                   |  |                    |  |               |  |
| 6                                                                                          |  | 19.45#FT ASTMA 53 NEW PRIME T@C                                      |  |                                                           |  | Surface                                                                                                                                                                                                                                                                                                          |  | 63                                                                                                                                                |  | <b>10. Pump Test</b><br>Pumping level 190 ft. below surface<br>Pumping at 12 GP for 1 Hrs.<br>Pumping Method ? |  |                                                        |  | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |                    |  |               |  |
| Dia. (in.)                                                                                 |  | Screen type, material & slot size                                    |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                                                       |  | To (ft.)                                                                                                                                          |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
| <b>7. Grout or Other Sealing Material</b>                                                  |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |                                                      |  |                    |  |               |  |
| Method PUMP                                                                                |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  | Filled & Sealed Well(s) as needed?                     |  |                                                      |  |                    |  |               |  |
| Kind of Sealing Material                                                                   |  |                                                                      |  | From (ft.)                                                |  | To (ft.)                                                                                                                                                                                                                                                                                                         |  | # Sacks Cement                                                                                                                                    |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
| NEAT CEMENT                                                                                |  |                                                                      |  | Surface                                                   |  | 63                                                                                                                                                                                                                                                                                                               |  | 16                                                                                                                                                |  |                                                                                                                |  |                                                        |  |                                                      |  |                    |  |               |  |
| (Empty space for additional information)                                                   |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  | <b>13. Constructor / Supervisory Driller</b>           |  |                                                      |  | Lic #              |  | Date Signed   |  |
|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  | SF                                                     |  |                                                      |  | 02-12-1991         |  |               |  |
|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  | Drill Rig Operator                                     |  |                                                      |  | Lic or Reg #       |  | Date Signed   |  |
|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                |  | (Empty space)                                          |  |                                                      |  | (Empty space)      |  | (Empty space) |  |

**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) |           | 100      | Building Overhang                |           | 15       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 70       |

Comment:

Created On: 04-03-1991

Updated On: 04-03-1991

Review Status: