

|                                                                                            |  |                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
|--------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|-------------------------------------------------|--|------------------------------------------------------|--|----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                     |  |                                                                                       |  | <b>DS282</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 JOHN STASKO                                                                 |  |                                                                                       |  |                                                           |  | Phone # ( ) 644-2020                                                                                                                                                                                                                                                                         |  | <b>1. Well Location</b>                                                                                                                           |  |                                                                                       |  | Fire # (if avail.)                              |  |                                                      |  |          |  |
| Mailing Address RR 3                                                                       |  |                                                                                       |  |                                                           |  | Town of THORP                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
| City STANLEY                                                                               |  |                                                                                       |  |                                                           |  | State WI                                                                                                                                                                                                                                                                                     |  | Zip Code 54768                                                                                                                                    |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
| County Clark                                                                               |  | Co. Permit #                                                                          |  | Notification #                                            |  | Completed 11-07-1990                                                                                                                                                                                                                                                                         |  | Subdivision Name                                                                                                                                  |  |                                                                                       |  | Lot # Block #                                   |  |                                                      |  |          |  |
| Well Constructor (Business Name)<br>HATFIELD JOHN J                                        |  |                                                                                       |  | Lic. # 4934                                               |  | 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 RT 2<br>STANLEY WI 54768                                                           |  |                                                                                       |  | Well Plan Approval #                                      |  | NW SE Section Township Range<br>or Govt Lot # 7 29 N 4 W                                                                                                                                                                                                                                     |  | <b>2. Well Type</b> Replacement                                                                                                                   |  |                                                                                       |  | of previous unique well # constructed in        |  |                                                      |  |          |  |
| Hicap Permanent Well #                                                                     |  | Common Well #                                                                         |  | Specific Capacity 1.1                                     |  | Reason for replaced or reconstructed well ?<br>DUG WELL AT BARN                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
| <b>3. Well serves</b> 1 # of BARN<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                                                                               |  | 20                                                        |  | Rotary - Mud Circulation .....<br><u>Yes</u> 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) |  |                                                                                                                                                   |  | C CLAY<br>N SAND ROCK                                                                 |  | Surface 32<br>32 39                             |  |                                                      |  |          |  |
|                                                                                            |  |                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
|                                                                                            |  |                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
|                                                                                            |  |                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
|                                                                                            |  |                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
| <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.)                                                                                                                                          |  | 7 ft. below ground surface                                                            |  |                                                 |  | 30 in. above grade                                   |  |          |  |
| 6                                                                                          |  | STD BLACK STEEL WELDED PLAIN END .280<br>WALL 19:49ASTM-A-53 C.A.C. F.D.<br>VENEZUELA |  |                                                           |  | Surface                                                                                                                                                                                                                                                                                      |  | 35                                                                                                                                                |  | <b>10. Pump Test</b>                                                                  |  |                                                 |  | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |          |  |
| Dia. (in.)                                                                                 |  | Screen type, material & slot size                                                     |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                                   |  | To (ft.)                                                                                                                                          |  | Pumping level 25 ft. below surface<br>Pumping at 20 GP for 1 Hrs.<br>Pumping Method ? |  |                                                 |  |                                                      |  |          |  |
|                                                                                            |  |                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
| <b>7. Grout or Other Sealing Material</b>                                                  |  |                                                                                       |  |                                                           |  | <b>12. Notified Owner of need to fill &amp; seal ?</b>                                                                                                                                                                                                                                       |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
| Method                                                                                     |  |                                                                                       |  |                                                           |  | Filled & Sealed Well(s) as needed? No                                                                                                                                                                                                                                                        |  |                                                                                                                                                   |  |                                                                                       |  | WANTS TO KEEP HIS WELL @ USE I                  |  |                                                      |  |          |  |
| Kind of Sealing Material                                                                   |  | From (ft.)                                                                            |  | To (ft.)                                                  |  | # Sacks Cement                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
| CLAY SLURRY                                                                                |  | Surface                                                                               |  | 20                                                        |  |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |
|                                                                                            |  |                                                                                       |  |                                                           |  | <b>13. Constructor / Supervisory Driller</b>                                                                                                                                                                                                                                                 |  |                                                                                                                                                   |  | Lic #                                                                                 |  | Date Signed                                     |  |                                                      |  |          |  |
|                                                                                            |  |                                                                                       |  |                                                           |  | JJH                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                   |  |                                                                                       |  | 01-02-1990                                      |  |                                                      |  |          |  |
|                                                                                            |  |                                                                                       |  |                                                           |  | Drill Rig Operator                                                                                                                                                                                                                                                                           |  |                                                                                                                                                   |  | Lic or Reg #                                                                          |  | Date Signed                                     |  |                                                      |  |          |  |
|                                                                                            |  |                                                                                       |  |                                                           |  |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |                                                                                       |  |                                                 |  |                                                      |  |          |  |

**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) |           | 90       | Animal Barn Pen                  |           | 150      |
| Manure Hopper or Reception Tank - Liquid Tight            |           | 250      | Silo/Storage Tube                |           | 100      |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 50       |

Comment:

Created On: 07-17-1991

Updated On: 07-17-1991

Review Status: