

|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|---------------------------------------------|--|----------------------------------------|--|--------------------------------------------------------|--|------------|--|--------------------|--|-------------|--|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>EI735</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 ROBIN AUBERT                                            |  |                                                                      |  |                            |  | Phone # (715)248-3825                                                                                                                                                                                                                                                                                       |  | <b>1. Well Location</b> |  |                                             |  | Fire # (if avail.)                     |  |                                                        |  |            |  |                    |  |             |  |  |  |
| Mailing Address 2250 CO RD C                                           |  |                                                                      |  |                            |  | Town of STAR PRAIRIE                                                                                                                                                                                                                                                                                        |  |                         |  |                                             |  | Street Address or Road Name and Number |  |                                                        |  |            |  |                    |  |             |  |  |  |
| City STAR PRAIRIE                                                      |  |                                                                      |  | State WI                   |  | Zip Code 54020                                                                                                                                                                                                                                                                                              |  |                         |  |                                             |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
| County St. Croix                                                       |  | Co. Permit #                                                         |  | Notification #             |  | Completed 06-01-1992                                                                                                                                                                                                                                                                                        |  | Subdivision Name        |  |                                             |  | Lot #                                  |  | Block #                                                |  |            |  |                    |  |             |  |  |  |
| Well Constructor (Business Name) KALSTO, EDWIN A                       |  |                                                                      |  | Lic. # 488                 |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                |  |                         |  | Latitude / Longitude in Decimal Degree (DD) |  |                                        |  | Method Code                                            |  |            |  |                    |  |             |  |  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  | °N                                          |  | °W                                     |  |                                                        |  |            |  |                    |  |             |  |  |  |
| Address PO BOX 73<br>SOMERSET WI 54025-0073                            |  |                                                                      |  | Well Plan Approval #       |  | SE NE                                                                                                                                                                                                                                                                                                       |  | Section 11              |  | Township 31 N                               |  | Range 18 W                             |  |                                                        |  |            |  |                    |  |             |  |  |  |
|                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  | or Govt Lot #                                                                                                                                                                                                                                                                                               |  |                         |  |                                             |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity 0.4      |  | <b>2. Well Type</b> Replacement                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  | of previous unique well #              |  | constructed in                                         |  |            |  |                    |  |             |  |  |  |
|                                                                        |  |                                                                      |  |                            |  | Reason for replaced or reconstructed well ?                                                                                                                                                                                                                                                                 |  |                         |  |                                             |  | WELL POINT IN BASEMENT NO              |  |                                                        |  |            |  |                    |  |             |  |  |  |
|                                                                        |  |                                                                      |  |                            |  | Construction Type Drilled                                                                                                                                                                                                                                                                                   |  |                         |  |                                             |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
| <b>3. Well serves</b> 1 # of                                           |  |                                                                      |  |                            |  | Hicap Well ? No                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
| Private, potable                                                       |  |                                                                      |  |                            |  | Hicap Property ? No                                                                                                                                                                                                                                                                                         |  |                         |  |                                             |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  |                            |  | 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.)           |  |             |  |  |  |
| 8                                                                      |  | Surface                                                              |  | 20                         |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br><u>Yes</u> Cable-tool Bit 8in. dia...<br>Dual Rotary .....<br><u>Yes</u> Temp. Outer Casing 8in. dia<br><u>Yes</u> Removed? ___depth ft. (If NO explain on back side) |  |                         |  |                                             |  | S                                      |  | SAND                                                   |  | Surface    |  | 35                 |  |             |  |  |  |
| 4                                                                      |  | 20                                                                   |  | 85                         |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  | P                                      |  | HARD PAN                                               |  | 35         |  | 70                 |  |             |  |  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  | Y                                      |  | SAND @ GRAVEL                                          |  | 70         |  | 85                 |  |             |  |  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
| <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.)                |  | 34 ft. below ground surface                 |  |                                        |  | 12 in. above grade                                     |  |            |  |                    |  |             |  |  |  |
| 4                                                                      |  | T@C R@D ASTM A53 4XSCH 40X21 MAVRICK TX                              |  |                            |  | Surface                                                                                                                                                                                                                                                                                                     |  | 80                      |  | <b>10. Pump Test</b>                        |  |                                        |  | Developed ? Yes                                        |  |            |  |                    |  |             |  |  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  | Pumping level 59 ft. below surface          |  |                                        |  | Disinfected ? Yes                                      |  |            |  |                    |  |             |  |  |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                  |  | To (ft.)                |  | Pumping at 10 GP for 2 Hrs.                 |  |                                        |  | Capped ? Yes                                           |  |            |  |                    |  |             |  |  |  |
| 2                                                                      |  | JOHNSON CONT SLOT SS                                                 |  |                            |  | 80                                                                                                                                                                                                                                                                                                          |  | 85                      |  | Pumping Method ?                            |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |            |  |                    |  |             |  |  |  |
| Method                                                                 |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  |                                                        |  |            |  |                    |  |             |  |  |  |
| Kind of Sealing Material                                               |  |                                                                      |  | From (ft.)                 |  | To (ft.)                                                                                                                                                                                                                                                                                                    |  | # Sacks Cement          |  |                                             |  |                                        |  | Filled & Sealed Well(s) as needed?                     |  |            |  | No                 |  |             |  |  |  |
| 11# BENTONITE CLAY SLURRY                                              |  |                                                                      |  | Surface                    |  | 20                                                                                                                                                                                                                                                                                                          |  |                         |  |                                             |  |                                        |  | OWNER TO SEAL                                          |  |            |  |                    |  |             |  |  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  | <b>13. Constructor / Supervisory Driller</b>           |  |            |  | Lic #              |  | Date Signed |  |  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  | EAK                                                    |  |            |  |                    |  | 06-03-1992  |  |  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  | Drill Rig Operator                                     |  |            |  | Lic or Reg #       |  | Date Signed |  |  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                             |  |                         |  |                                             |  |                                        |  | GK                                                     |  |            |  |                    |  | 06-03-1992  |  |  |  |

**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) |           | 60       | Sewer - Building Sanitary        |           | 20       |
| Building Overhang                                         |           | 10       | Septic or Holding, or POWTS Tank |           | 50       |

Comment:

Created On: 06-24-1992

Updated On: 06-24-1992

Review Status: