

|                                                                        |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|----------------|--|------------------------------------------|--|---------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>EJ019</b>          |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b>                                                                                                                                                     |  |                                                      |  | Form 3300-077A |  |                                          |  |         |  |
| Property Owner ROBERT SIEGENTHALER                                     |  |                                                                      |  |                       |  | Phone # (608)776-2774                                                                                                                                                                                                                                                           |  | <b>1. Well Location</b>                              |  |                |  | Fire # (if avail.)                       |  |         |  |
| Mailing Address 705 OHIO ST                                            |  |                                                                      |  |                       |  | Town of FAYETTE                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  | 11653                                    |  |         |  |
| City DARLINGTON                                                        |  |                                                                      |  |                       |  | State WI                                                                                                                                                                                                                                                                        |  | Zip Code 53530                                       |  |                |  | Street Address or Road Name and Number   |  |         |  |
| County Lafayette                                                       |  | Co. Permit #                                                         |  | Notification #        |  | Completed 11-18-1991                                                                                                                                                                                                                                                            |  | Subdivision Name                                     |  |                |  | Lot #                                    |  | Block # |  |
| Well Constructor (Business Name)<br>WILLIAM G WEBBER JR                |  |                                                                      |  | Lic. # 442            |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                    |  | Latitude / Longitude in Decimal Degree (DD)<br>°N °W |  |                |  | Method Code                              |  |         |  |
| Address 21781 HWY 11 W<br>SHULLSBURG WI 53586                          |  |                                                                      |  | Well Plan Approval #  |  | NE NW Section Township Range<br>or Govt Lot # 29 2 N 4 E                                                                                                                                                                                                                        |  | <b>2. Well Type</b> Replacement                      |  |                |  | of previous unique well # constructed in |  |         |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity 0.6 |  | Reason for replaced or reconstructed well ?<br>NON-COMPLYING                                                                                                                                                                                                                    |  |                                                      |  |                |  |                                          |  |         |  |
| <b>3. Well serves</b> 1 # of FARM                                      |  |                                                                      |  | Hicap Well ? No       |  | Construction Type Drilled                                                                                                                                                                                                                                                       |  |                                                      |  |                |  |                                          |  |         |  |
| 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>                 |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| Dia. (in.)                                                             |  | From (ft.)                                                           |  | To (ft.)              |  | Upper Enlarged Drillhole Lower Open Bedrock                                                                                                                                                                                                                                     |  |                                                      |  |                |  |                                          |  |         |  |
| 10                                                                     |  | Surface                                                              |  | 105                   |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit 10in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |  |                                                      |  |                |  |                                          |  |         |  |
| 6                                                                      |  | 105                                                                  |  | 145                   |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
|                                                                        |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
|                                                                        |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
|                                                                        |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
|                                                                        |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| <b>8. Geology</b>                                                      |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| Geology Codes                                                          |  | Type, Caving/Noncaving, Color, Hardness, etc...                      |  |                       |  | From (ft.)                                                                                                                                                                                                                                                                      |  | To (ft.)                                             |  |                |  |                                          |  |         |  |
| C                                                                      |  | CLAY                                                                 |  |                       |  | Surface                                                                                                                                                                                                                                                                         |  | 4                                                    |  |                |  |                                          |  |         |  |
| G                                                                      |  | BOULDERS                                                             |  |                       |  | 4                                                                                                                                                                                                                                                                               |  | 12                                                   |  |                |  |                                          |  |         |  |
| T L                                                                    |  | BRN. LIMESTONE                                                       |  |                       |  | 12                                                                                                                                                                                                                                                                              |  | 25                                                   |  |                |  |                                          |  |         |  |
| G L                                                                    |  | GREY LIMESTONE                                                       |  |                       |  | 25                                                                                                                                                                                                                                                                              |  | 40                                                   |  |                |  |                                          |  |         |  |
| T L                                                                    |  | BRN. LIMESTONE                                                       |  |                       |  | 40                                                                                                                                                                                                                                                                              |  | 75                                                   |  |                |  |                                          |  |         |  |
| N                                                                      |  | ST. PETER SANDSTONE                                                  |  |                       |  | 75                                                                                                                                                                                                                                                                              |  | 95                                                   |  |                |  |                                          |  |         |  |
| I N                                                                    |  | WHITE SANDSTONE                                                      |  |                       |  | 95                                                                                                                                                                                                                                                                              |  | 140                                                  |  |                |  |                                          |  |         |  |
| R N                                                                    |  | RED SANDSTONE                                                        |  |                       |  | 140                                                                                                                                                                                                                                                                             |  | 145                                                  |  |                |  |                                          |  |         |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                       |  | From (ft.)                                                                                                                                                                                                                                                                      |  | To (ft.)                                             |  |                |  |                                          |  |         |  |
| 6                                                                      |  | NEW BLK. ST. PE 18.97 SAWHILL USA 6 5/8<br>OD A53B/ADI-5L 2660 PSI   |  |                       |  | Surface                                                                                                                                                                                                                                                                         |  | 105                                                  |  |                |  |                                          |  |         |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                       |  | From (ft.)                                                                                                                                                                                                                                                                      |  | To (ft.)                                             |  |                |  |                                          |  |         |  |
|                                                                        |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| Method PRESSURE GROUTED                                                |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| Kind of Sealing Material                                               |  | From (ft.)                                                           |  | To (ft.)              |  | # Sacks Cement                                                                                                                                                                                                                                                                  |  |                                                      |  |                |  |                                          |  |         |  |
| NEAT CEMENT                                                            |  | Surface                                                              |  | 105                   |  | 60                                                                                                                                                                                                                                                                              |  |                                                      |  |                |  |                                          |  |         |  |
| <b>9. Static Water Level</b>                                           |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| 60 ft. below ground surface                                            |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| Pumping level 85 ft. below surface                                     |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| Pumping at 15 GP for 48 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                                                          |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| GWG                                                                    |  | 11-22-1991                                                           |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| Drill Rig Operator                                                     |  | Lic or Reg #                                                         |  | Date Signed           |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |
| GWG                                                                    |  |                                                                      |  |                       |  |                                                                                                                                                                                                                                                                                 |  |                                                      |  |                |  |                                          |  |         |  |

**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       | Animal Yard - Include Hutches    |           | 125      |
| Building Overhang                                         |           | 20       | Barn Gutter                      |           | 125      |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 45       |

Comment:

Created On: 01-17-1992

Updated On: 01-17-1992

Review Status: