

|                                                                        |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
|------------------------------------------------------------------------|--|-------------------------------------------------------------------|-----------------------------------------------------|----------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|---------------------|-------------------------------|--|--------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                   |                                                     | <b>EJ275</b>         |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b> |  |                                                      |                     | <small>Form 3300-077A</small> |  |                    |  |
| Property Owner TERRY HEISE                                             |  |                                                                   |                                                     |                      |  | Phone # (414)799-5940                                                                                                       |  | <b>1. Well Location</b>                              |                     |                               |  | Fire # (if avail.) |  |
| Mailing Address WOODLEY LN                                             |  |                                                                   |                                                     |                      |  | Town of BUCHANAN                                                                                                            |  |                                                      |                     |                               |  |                    |  |
| City KAUKAUNA State WI Zip Code 54130                                  |  |                                                                   |                                                     |                      |  | Street Address or Road Name and Number N1069 WOODLEY LN                                                                     |  |                                                      |                     |                               |  |                    |  |
| County Outagamie                                                       |  | Co. Permit #                                                      |                                                     | Notification #       |  | Completed 01-07-1992                                                                                                        |  | Subdivision Name                                     |                     |                               |  | Lot # Block #      |  |
| Well Constructor (Business Name) LEONARD WILLEMS JR                    |  |                                                                   |                                                     | Lic. # 451           |  | Facility ID # (Public Wells)                                                                                                |  | Latitude / Longitude in Decimal Degree (DD) °N °W    |                     |                               |  | Method Code        |  |
| Address 7962 ST PATS CHURCH GREENLEAF WI 54126-9611                    |  |                                                                   |                                                     | Well Plan Approval # |  | NE SW Section Township Range<br>or Govt Lot # 19 21 N 19 E                                                                  |  | <b>2. Well Type</b> New Well                         |                     |                               |  |                    |  |
| Hicap Permanent Well #                                                 |  |                                                                   |                                                     | Common Well #        |  | Specific Capacity 0.1                                                                                                       |  | Reason for replaced or reconstructed well ? NEW HOME |                     |                               |  |                    |  |
| <b>3. Well serves</b> 1 # of Private, potable                          |  |                                                                   |                                                     | Hicap Well ? No      |  | Hicap Property ? No                                                                                                         |  | Construction Type Drilled                            |                     |                               |  |                    |  |
| 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 116                                                         |  |                                                                   | Yes Rotary - Mud Circulation .....                  |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| 6 116 481                                                              |  |                                                                   | Yes Rotary - Air .....                              |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
|                                                                        |  |                                                                   | Rotary - Air & Foam .....                           |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
|                                                                        |  |                                                                   | Drill-Through Casing Hammer                         |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
|                                                                        |  |                                                                   | Reverse Rotary                                      |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
|                                                                        |  |                                                                   | Cable-tool Bit ___ in. dia...                       |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
|                                                                        |  |                                                                   | Dual Rotary .....                                   |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
|                                                                        |  |                                                                   | Temp. Outer Casing ___ in. dia                      |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
|                                                                        |  |                                                                   | Removed? ___ depth ft. (If NO explain on back side) |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| <b>8. Geology</b>                                                      |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| Geology Codes                                                          |  |                                                                   | Type, Caving/Noncaving, Color, Hardness, etc...     |                      |  |                                                                                                                             |  |                                                      | From (ft.) To (ft.) |                               |  |                    |  |
| C                                                                      |  |                                                                   | CLAY                                                |                      |  |                                                                                                                             |  |                                                      | Surface 106         |                               |  |                    |  |
| L                                                                      |  |                                                                   | LIMESTONE                                           |                      |  |                                                                                                                             |  |                                                      | 106 481             |                               |  |                    |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification Manufacturer & Method of Assembly |                                                     |                      |  | From (ft.) To (ft.)                                                                                                         |  |                                                      |                     |                               |  |                    |  |
| 6                                                                      |  | ASTM A-53 GR. B SAWHILL TUBULAR WELDED JOINT WT.18.97 PER FT.     |                                                     |                      |  | Surface 117                                                                                                                 |  |                                                      |                     |                               |  |                    |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                 |                                                     |                      |  | From (ft.) To (ft.)                                                                                                         |  |                                                      |                     |                               |  |                    |  |
|                                                                        |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| Method PRESSURE GROUT                                                  |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| Kind of Sealing Material                                               |  |                                                                   |                                                     | From (ft.) To (ft.)  |  | # Sacks Cement                                                                                                              |  |                                                      |                     |                               |  |                    |  |
| CEMENT                                                                 |  |                                                                   |                                                     | Surface 116          |  | 10                                                                                                                          |  |                                                      |                     |                               |  |                    |  |
| <b>9. Static Water Level</b>                                           |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| 130 ft. below ground surface                                           |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| <b>10. Pump Test</b>                                                   |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| Pumping level 350 ft. below surface                                    |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| Pumping at 20 GP for 4 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?                                     |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                   |                                                     |                      |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| Lic #                                                                  |  |                                                                   |                                                     | Date Signed          |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| LJW                                                                    |  |                                                                   |                                                     | 01-15-1992           |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |
| Drill Rig Operator                                                     |  |                                                                   |                                                     | Lic or Reg #         |  |                                                                                                                             |  | Date Signed                                          |                     |                               |  |                    |  |
| TW                                                                     |  |                                                                   |                                                     | 01-15-1992           |  |                                                                                                                             |  |                                                      |                     |                               |  |                    |  |

**4a. Potential Contamination Sources**Is the well located in floodplain ? No

| Type              | Qualifier | Distance | Type                                                      | Qualifier | Distance |
|-------------------|-----------|----------|-----------------------------------------------------------|-----------|----------|
| Building Overhang |           | 12       | Septic or Holding, or POWTS Tank                          |           | 50       |
|                   |           |          | POWTS dispersal component (soil absorption unit or mound) |           | 100      |

Comment:

Created On: 03-05-1992

Updated On: 03-05-1992

Review Status: