

|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  |                                                        |  |                    |  |                    |  |             |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|-------------------------------------|--|--------------------------------------------------------|--|--------------------|--|--------------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>EM342</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 GULEG CONSTRUCTION                                      |  |                                                                      |  |                      |  | Phone # (414)922-6738                                                                                                                                                                                                                                                                        |  | <b>1. Well Location</b>                     |  |                                     |  | Fire # (if avail.)                                     |  |                    |  |                    |  |             |  |
| Mailing Address 696 WILLIAM AVE                                        |  |                                                                      |  |                      |  | Town of FOND DU LAC                                                                                                                                                                                                                                                                          |  |                                             |  |                                     |  |                                                        |  |                    |  |                    |  |             |  |
| City FOND DU LAC                                                       |  |                                                                      |  |                      |  | State WI                                                                                                                                                                                                                                                                                     |  | Zip Code 54935                              |  |                                     |  |                                                        |  |                    |  |                    |  |             |  |
| County Fond du Lac                                                     |  | Co. Permit #                                                         |  | Notification #       |  | Completed 01-22-1992                                                                                                                                                                                                                                                                         |  | Subdivision Name                            |  |                                     |  | Lot # Block #                                          |  |                    |  |                    |  |             |  |
| Well Constructor (Business Name) STEPHAN D KEIFENHEIM                  |  |                                                                      |  | Lic. # 4225          |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                 |  | Latitude / Longitude in Decimal Degree (DD) |  |                                     |  | Method Code                                            |  |                    |  |                    |  |             |  |
| Address RT 2 BOX 57<br>BRILLION WI 54110-9318                          |  |                                                                      |  | Well Plan Approval # |  | Approval Date (mm-dd-yyyy)                                                                                                                                                                                                                                                                   |  | °N °W                                       |  | Range                               |  |                                                        |  |                    |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  |                                                        |  |                    |  |                    |  |             |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity 2  |  | SW SE Section Township Range<br>or Govt Lot # 24 15 N 17 E                                                                                                                                                                                                                                   |  | <b>2. Well Type</b> New Well                |  |                                     |  | of previous unique well # constructed in               |  |                    |  |                    |  |             |  |
| <b>3. Well serves</b> 1 # of Private, potable                          |  |                                                                      |  | Hicap Well ?         |  | Hicap Property ?                                                                                                                                                                                                                                                                             |  | Reason for replaced or reconstructed well ? |  |                                     |  | NEW HOUSE                                              |  |                    |  |                    |  |             |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  | Hicap Potable ?      |  |                                                                                                                                                                                                                                                                                              |  | Construction Type Drilled                   |  |                                     |  |                                                        |  |                    |  |                    |  |             |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  |                                                        |  |                    |  |                    |  |             |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                 |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  | <b>8. Geology</b>                                      |  |                    |  |                    |  |             |  |
| Dia. (in.)                                                             |  | From (ft.)                                                           |  | To (ft.)             |  | Upper Enlarged Drillhole                                                                                                                                                                                                                                                                     |  | Lower Open Bedrock                          |  | Geology Codes                       |  | Type, Caving/Noncaving, Color, Hardness, etc...        |  | From (ft.)         |  | To (ft.)           |  |             |  |
| 10                                                                     |  | Surface                                                              |  | 20                   |  | Rotary - Mud Circulation .....<br><u>Yes</u> Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |  |                                             |  | R C                                 |  | RED CLAY                                               |  | Surface            |  | 54                 |  |             |  |
| 6                                                                      |  | 20                                                                   |  | 191                  |  |                                                                                                                                                                                                                                                                                              |  |                                             |  | G C S                               |  | SANDY GRAY CLAY                                        |  | 54                 |  | 183                |  |             |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  | L                                   |  | LIMESTONE                                              |  | 183                |  | 191                |  |             |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  |                                                        |  |                    |  |                    |  |             |  |
| <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.)                                    |  | 97 ft. below ground surface         |  |                                                        |  | 14 in. above grade |  |                    |  |             |  |
| 6                                                                      |  | STEEL 18:97 P.E. A.S.T.M. A53-B WELDED SAWHILLSTEEL CORP.            |  |                      |  | Surface                                                                                                                                                                                                                                                                                      |  | 183                                         |  | <b>10. Pump Test</b>                |  |                                                        |  | Developed ? Yes    |  |                    |  |             |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                      |  | From (ft.)                                                                                                                                                                                                                                                                                   |  | To (ft.)                                    |  | Pumping level 102 ft. below surface |  |                                                        |  | Disinfected ? Yes  |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  | Pumping at 10 GP for 2 Hrs.         |  |                                                        |  | Capped ? Yes       |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  | Pumping Method ?                    |  |                                                        |  |                    |  |                    |  |             |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |                    |  |                    |  |             |  |
| Method                                                                 |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  | Filled & Sealed Well(s) as needed? Yes                 |  |                    |  |                    |  |             |  |
| Kind of Sealing Material                                               |  | From (ft.)                                                           |  | To (ft.)             |  | # Sacks Cement                                                                                                                                                                                                                                                                               |  |                                             |  |                                     |  |                                                        |  |                    |  |                    |  |             |  |
| RED CLAY SLURRY                                                        |  | Surface                                                              |  | 20                   |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  |                                                        |  |                    |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  | <b>13. Constructor / Supervisory Driller</b>           |  |                    |  | Lic #              |  | Date Signed |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  | SDK                                                    |  |                    |  |                    |  | 01-24-1992  |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  | Drill Rig Operator                                     |  |                    |  | Lic or Reg #       |  | Date Signed |  |
|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                              |  |                                             |  |                                     |  | SDK                                                    |  |                    |  |                    |  | 01-24-1992  |  |

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

| Type              | Qualifier | Distance | Type                      | Qualifier | Distance |
|-------------------|-----------|----------|---------------------------|-----------|----------|
| Building Overhang |           | 13       | Downspout/Yard Hydrant    |           | 13       |
|                   |           |          | Sewer - Building Sanitary |           | 70       |

Comment:

Created On: 03-19-1992

Updated On: 03-19-1992

Review Status: