

|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  |                                                                                                                             |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|-----------------------------|-------|----------------------------------------|---------|------------------------------------------------------|--|--------------------------------------|--|----------|--|----|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                                                                                                                                                                                            |  |                                                                                                                               |  | <b>EN428</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 BUD SUMMERFIELD                                                                                                                                                                                                                                                    |  |                                                                                                                               |  |                                                           |  | Phone # (715)635-2900                                                                                                       |  | <b>1. Well Location</b>                     |  |                             |       | Fire # (if avail.)                     |         |                                                      |  |                                      |  |          |  |    |  |
| Mailing Address BOX 28                                                                                                                                                                                                                                                            |  |                                                                                                                               |  |                                                           |  | Town of TREGO                                                                                                               |  |                                             |  |                             |       | Street Address or Road Name and Number |         |                                                      |  |                                      |  |          |  |    |  |
| City TREGO                                                                                                                                                                                                                                                                        |  |                                                                                                                               |  | State WI                                                  |  | Zip Code 54888                                                                                                              |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
| County Washburn                                                                                                                                                                                                                                                                   |  | Co. Permit #                                                                                                                  |  | Notification #                                            |  | Completed 05-12-1992                                                                                                        |  | Subdivision Name                            |  |                             | Lot # |                                        | Block # |                                                      |  |                                      |  |          |  |    |  |
| Well Constructor (Business Name)<br>LINDSTROM, JAMES C                                                                                                                                                                                                                            |  |                                                                                                                               |  | Lic. # 101                                                |  | Facility ID # (Public Wells)                                                                                                |  | Latitude / Longitude in Decimal Degree (DD) |  |                             |       | Method Code                            |         |                                                      |  |                                      |  |          |  |    |  |
| Address RT 2 BOX 2228<br>SPOONER WI 54801-9438                                                                                                                                                                                                                                    |  |                                                                                                                               |  | Well Plan Approval #                                      |  | Approval Date (mm-dd-yyyy)                                                                                                  |  | °N                                          |  | °W                          |       | Range                                  |         |                                                      |  |                                      |  |          |  |    |  |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  |                                                                                                                             |  | SW                                          |  | SW                          |       |                                        |         | Section 35                                           |  | Township 39 N                        |  |          |  |    |  |
| Hicap Permanent Well #                                                                                                                                                                                                                                                            |  |                                                                                                                               |  | Common Well #                                             |  | Specific Capacity                                                                                                           |  | <b>2. Well Type</b> New Well                |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
| <b>3. Well serves</b> 1 # of<br>Private, potable<br>Heat Exchange ___ # of drillholes                                                                                                                                                                                             |  |                                                                                                                               |  | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ? |  | of previous unique well # constructed in                                                                                    |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  | Reason for replaced or reconstructed well ?                                                                                 |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                                                                                                                                                                                                       |  |                                                                                                                               |  |                                                           |  | Construction Type Drilled                                                                                                   |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  | <b>5. Drillhole Dimensions and Construction Method</b>                                                                      |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
| Dia. (in.) 4                                                                                                                                                                                                                                                                      |  | From (ft.) Surface                                                                                                            |  | To (ft.) 70                                               |  | Upper Enlarged Drillhole                                                                                                    |  | Lower Open Bedrock                          |  | <b>8. Geology</b>           |       | Geology Codes                          |         | Type, Caving/Noncaving, Color, Hardness, etc...      |  | From (ft.)                           |  | To (ft.) |  |    |  |
| Rotary - Mud Circulation .....<br>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) |  | T                                                                                                                             |  | Q                                                         |  | S                                                                                                                           |  | Y                                           |  | CAVING BROWN SAND           |       | Surface                                |         | 45                                                   |  |                                      |  |          |  |    |  |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  |                                                                                                                             |  |                                             |  |                             |       |                                        |         |                                                      |  | BROWN SAND @ GRAVEL<br>WATER BEARING |  | 45       |  | 70 |  |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  |                                                                                                                             |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  |                                                                                                                             |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  |                                                                                                                             |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
| <b>6. Casing, Liner, Screen</b>                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  | <b>9. Static Water Level</b>                                                                                                |  |                                             |  | <b>11. Well Is</b>          |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
| Dia. (in.) 4                                                                                                                                                                                                                                                                      |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly<br>ASTM A53B T@C @ .237 WALL 2210 P.S.I.<br>VALLEY STEEL |  |                                                           |  | From (ft.) Surface                                                                                                          |  | To (ft.) 70                                 |  | 45 ft. below ground surface |       |                                        |         | 12 in. above grade                                   |  |                                      |  |          |  |    |  |
| Dia. (in.)                                                                                                                                                                                                                                                                        |  | Screen type, material & slot size<br>OPEN BOTTOM                                                                              |  |                                                           |  | From (ft.)                                                                                                                  |  | To (ft.)                                    |  | <b>10. Pump Test</b>        |       |                                        |         | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |                                      |  |          |  |    |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                                                                                                                                                                                                                               |  | Pumping level 45 ft. below surface<br>Pumping at 10 GP for 24 Hrs.<br>Pumping Method ?                                        |  |                                                           |  | <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                                                                                                                 |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  |                                                                                                                             |  |                                             |  | JCL                         |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                               |  |                                                           |  |                                                                                                                             |  |                                             |  |                             |       |                                        |         | 05-14-1992                                           |  |                                      |  |          |  |    |  |
| Drill Rig Operator                                                                                                                                                                                                                                                                |  | Lic or Reg #                                                                                                                  |  |                                                           |  | Date Signed                                                                                                                 |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |
| JCL                                                                                                                                                                                                                                                                               |  | 05-14-1992                                                                                                                    |  |                                                           |  |                                                                                                                             |  |                                             |  |                             |       |                                        |         |                                                      |  |                                      |  |          |  |    |  |

**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       | Building Overhang                |           | 10       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 45       |

Comment:

Created On: 06-19-1992

Updated On: 06-19-1992

Review Status: