

|                                                                                    |  |                                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                              |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
|------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|----------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|------------------------------------------------------|--|----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>             |  |                                                                                      |  | <b>ES204</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 PETER LONIELLO                                                      |  |                                                                                      |  |                      |  | Phone # (612)869-8962                                                                                                                                                                                                                                                                                            |  | <b>1. Well Location</b>                                                      |  |                                                                                       |       | Fire # (if avail.)                                  |         |                                                      |  |          |  |
| Mailing Address 1605 W 72 ST                                                       |  |                                                                                      |  |                      |  | Town of TAINTER                                                                                                                                                                                                                                                                                                  |  |                                                                              |  |                                                                                       |       | Street Address or Road Name and Number<br>TOWN ROAD |         |                                                      |  |          |  |
| City RICHFIELD                                                                     |  |                                                                                      |  | State MN             |  | Zip Code 55423                                                                                                                                                                                                                                                                                                   |  |                                                                              |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
| County Dunn                                                                        |  | Co. Permit #                                                                         |  | Notification #       |  | Completed 04-08-1992                                                                                                                                                                                                                                                                                             |  | Subdivision Name                                                             |  |                                                                                       | Lot # |                                                     | Block # |                                                      |  |          |  |
| Well Constructor (Business Name)<br>WETTSTEIN, MICHAEL J                           |  |                                                                                      |  | Lic. # 206           |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                     |  | Latitude / Longitude in Decimal Degree (DD)                                  |  |                                                                                       |       | Method Code                                         |         |                                                      |  |          |  |
| Address RT 2 BOX 130C<br>EAU CLAIRE WI 54703-9802                                  |  |                                                                                      |  | Well Plan Approval # |  | Approval Date (mm-dd-yyyy)                                                                                                                                                                                                                                                                                       |  | °N °W                                                                        |  | Range                                                                                 |       |                                                     |         |                                                      |  |          |  |
|                                                                                    |  |                                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                                                  |  | NW SW Section Township Range<br>or Govt Lot # 29 29 N 12 W                   |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
| Hicap Permanent Well #                                                             |  | Common Well #                                                                        |  | Specific Capacity 9  |  | <b>2. Well Type</b> New Well                                                                                                                                                                                                                                                                                     |  |                                                                              |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
| <b>3. Well serves</b> 1 # of Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                                      |  |                      |  | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ?                                                                                                                                                                                                                                                        |  | Reason for replaced or reconstructed well ?<br>NEED FOR WATER                |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
|                                                                                    |  |                                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                                                  |  | 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                                                                              |  | 33                   |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br><u>Yes</u> Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br><u>Yes</u> Temp. Outer Casing 10in. dia<br><u>Yes</u> Removed? ___ depth ft. (If NO explain on back side) |  | T X BROWN SAND @ CLAY<br>T N LIGHT BROWN SANDROCK<br>G N LIGHT GRAY SANDROCK |  | Surface 8<br>8 90<br>90 100                                                           |       |                                                     |         |                                                      |  |          |  |
| 6                                                                                  |  | 33                                                                                   |  | 100                  |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                              |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
|                                                                                    |  |                                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                              |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
|                                                                                    |  |                                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                              |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
|                                                                                    |  |                                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                              |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
| <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.)                                                                     |  | 65 ft. below ground surface                                                           |       |                                                     |         | 18 in. above grade                                   |  |          |  |
| 6                                                                                  |  | NEW STEEL THREADED @ CUPPLED 20 LBS<br>PER FT ASMTA53B 1780 PSI VALLEY STEEL<br>PIPE |  |                      |  | Surface                                                                                                                                                                                                                                                                                                          |  | 33                                                                           |  | <b>10. Pump Test</b>                                                                  |       |                                                     |         | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |          |  |
| Dia. (in.)                                                                         |  | Screen type, material & slot size                                                    |  |                      |  | From (ft.)                                                                                                                                                                                                                                                                                                       |  | To (ft.)                                                                     |  | Pumping level 67 ft. below surface<br>Pumping at 18 GP for 6 Hrs.<br>Pumping Method ? |       |                                                     |         |                                                      |  |          |  |
| <b>7. Grout or Other Sealing Material</b>                                          |  |                                                                                      |  |                      |  | <b>12. Notified Owner of need to fill &amp; seal ?</b><br><br>Filled & Sealed Well(s) as needed? Yes                                                                                                                                                                                                             |  |                                                                              |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
| Method PRESSURE TREMIE LINE                                                        |  |                                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                              |  |                                                                                       |       |                                                     |         |                                                      |  |          |  |
| Kind of Sealing Material                                                           |  | From (ft.)                                                                           |  | To (ft.)             |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                              |  |                                                                                       |       | # Sacks Cement                                      |         |                                                      |  |          |  |
| CLEAR CEMENT @ WATER                                                               |  | Surface                                                                              |  | 33                   |  | 10                                                                                                                                                                                                                                                                                                               |  | <b>13. Constructor / Supervisory Driller</b>                                 |  |                                                                                       |       | Lic #                                               |         | Date Signed                                          |  |          |  |
|                                                                                    |  |                                                                                      |  |                      |  | MW                                                                                                                                                                                                                                                                                                               |  |                                                                              |  |                                                                                       |       | 05-13-1992                                          |         |                                                      |  |          |  |
|                                                                                    |  |                                                                                      |  |                      |  | Drill Rig Operator                                                                                                                                                                                                                                                                                               |  |                                                                              |  | Lic or Reg #                                                                          |       | Date Signed                                         |         |                                                      |  |          |  |
|                                                                                    |  |                                                                                      |  |                      |  | MW                                                                                                                                                                                                                                                                                                               |  |                                                                              |  |                                                                                       |       | 05-13-1992                                          |         |                                                      |  |          |  |

**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) |           | 70       | Building Overhang                |           | 15       |
| Building Drain - Sanitary                                 | >         | 15       | Sewer - Building Sanitary        | >         | 15       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 37       |

Comment:

Created On: 06-03-1992

Updated On: 06-03-1992

Review Status: