

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|---------|--|----------------------------------------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                      |  | <b>ES944</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 LWRV-ARENA PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                      |  |                            |  | Phone #<br>(608)262-2752                                                                                                    |  | <b>1. Well Location</b>                                                                                                                           |  |                                                                                                  |  | Fire # (if avail.)                                        |  |         |  |                                              |  |             |  |
| Mailing Address 1525 OBSERVATORY DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                      |  |                            |  | Village of                                                                                                                  |  |                                                                                                                                                   |  |                                                                                                  |  | Street Address or Road Name and Number                    |  |         |  |                                              |  |             |  |
| City MADISON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                      |  | State WI                   |  | Zip Code 53706                                                                                                              |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| County Iowa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Co. Permit #                                                         |  | Notification #             |  | Completed<br>04-22-1991                                                                                                     |  | Subdivision Name                                                                                                                                  |  |                                                                                                  |  | Lot #                                                     |  | Block # |  |                                              |  |             |  |
| Well Constructor (Business Name)<br>UW-SOIL SCIENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                      |  | Lic. #                     |  | Facility ID # (Public Wells)                                                                                                |  | Latitude / Longitude in Decimal Degree (DD)<br><div style="display: flex; justify-content: space-around;"> <span>°N</span> <span>°W</span> </div> |  |                                                                                                  |  | Method Code                                               |  |         |  |                                              |  |             |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                      |  | Well Plan Approval #       |  | or Govt Lot #                                                                                                               |  | Section                                                                                                                                           |  | Township<br>N                                                                                    |  | Range                                                     |  |         |  |                                              |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  | <b>2. Well Type</b><br>of previous unique well # constructed in                                                             |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| Hicap Permanent Well #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Common Well #                                                        |  | Specific Capacity          |  | Reason for replaced or reconstructed well ?                                                                                 |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| <b>3. Well serves</b> # of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                      |  | Hicap Well ?               |  | Construction Type                                                                                                           |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| Private, potable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                      |  | Hicap Property ?           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| Heat Exchange ____ # of drillholes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                      |  | Hicap Potable ?            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  | <b>8. Geology</b>                                         |  |         |  |                                              |  |             |  |
| <div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between;"> <span>Upper Enlarged Drillhole</span> <span>Lower Open Bedrock</span> </div> <div style="margin-top: 10px;">           Rotary - Mud Circulation .....<br/>           Rotary - Air .....<br/>           Rotary - Air &amp; 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)         </div> </div> |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  | <b>9. Static Water Level</b><br>9 ft. ____ ground surface |  |         |  | <b>11. Well Is</b><br>____ in.<br>____ Grade |  |             |  |
| <b>6. Casing, Liner, Screen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                      |  | <b>10. Pump Test</b>       |  |                                                                                                                             |  | Developed ?<br>Disinfected ?<br>Capped ?                                                                                                          |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                                                                                          |  | Pumping level ____ ft. below surface<br>Pumping at ____ GP for ____ Hrs.<br>Pumping Method ?     |  |                                                           |  |         |  |                                              |  |             |  |
| 0.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                      |  |                            |  | Surface                                                                                                                     |  | 9                                                                                                                                                 |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                                                                                          |  | <b>12. Notified Owner of need to fill &amp; seal ?</b><br><br>Filled & Sealed Well(s) as needed? |  |                                                           |  |         |  |                                              |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  | <b>13. Constructor / Supervisory Driller</b>              |  |         |  | Lic #                                        |  | Date Signed |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  | Drill Rig Operator                                        |  |         |  | Lic or Reg #                                 |  | Date Signed |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                                  |  |                                                           |  |         |  |                                              |  |             |  |

**4a. Potential Contamination Sources**

Is the well located in floodplain ?

Comment:

Created On: 12-03-2021

Updated On: 07-11-2023

Review Status: APPROVED

**Note: This well was inventoried. A well construction report was not submitted.**

Well Depth: 12'

Bedrock Depth: