

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                                                     |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                        |  |                                        |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|----------------------------------------|--|---------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                      |  | <b>EV734</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 DEAN WALKER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                      |  |                                                     |  | Phone #<br>(608)742-5679                                                                                                    |  | <b>1. Well Location</b>                                                                                                                           |  |                                                                                        |  | Fire # (if avail.)                     |  |         |  |
| Mailing Address N9036 LEWISTON STATION RD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                      |  |                                                     |  | Village of                                                                                                                  |  |                                                                                                                                                   |  |                                                                                        |  | Street Address or Road Name and Number |  |         |  |
| City WISCONSIN DELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                      |  | State WI                                            |  | Zip Code 53965                                                                                                              |  |                                                                                                                                                   |  |                                                                                        |  |                                        |  |         |  |
| County Columbia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Co. Permit #                                                         |  | Notification #                                      |  | Completed<br>04-03-1984                                                                                                     |  | Subdivision Name                                                                                                                                  |  |                                                                                        |  | Lot #                                  |  | Block # |  |
| Well Constructor (Business Name)<br>MARVIN HOLZEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                      |  | 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 #                                |  | NW SW Section Township Range<br>or Govt Lot # 14 13 N 7 E                                                                   |  | <b>2. Well Type</b><br>of previous unique well # constructed in                                                                                   |  |                                                                                        |  |                                        |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                      |  | Approval Date (mm-dd-yyyy)                          |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                        |  |                                        |  |         |  |
| Hicap Permanent Well #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Common Well #                                                        |  | Specific Capacity                                   |  | Reason for replaced or reconstructed well ?                                                                                 |  |                                                                                                                                                   |  |                                                                                        |  |                                        |  |         |  |
| <b>3. Well serves</b> # of<br>Private, potable<br>Heat Exchange ___ # of drillholes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                      |  | Hicap Well ?<br>Hicap Property ?<br>Hicap Potable ? |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                        |  | Construction Type                      |  |         |  |
| <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>6. Casing, Liner, Screen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                                                     |  | <b>9. Static Water Level</b>                                                                                                |  |                                                                                                                                                   |  | <b>11. Well Is</b><br>___ in.<br>___ Grade<br>Developed ?<br>Disinfected ?<br>Capped ? |  |                                        |  |         |  |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  | From (ft.) To (ft.)                                 |  | 62 ft. ___ ground surface                                                                                                   |  |                                                                                                                                                   |  |                                                                                        |  |                                        |  |         |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                      |  | Surface 109                                         |  | <b>10. Pump Test</b>                                                                                                        |  |                                                                                                                                                   |  |                                                                                        |  |                                        |  |         |  |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Screen type, material & slot size                                    |  | From (ft.) To (ft.)                                 |  | Pumping level ___ ft. below surface<br>Pumping at ___ GP for ___ Hrs.<br>Pumping Method ?                                   |  |                                                                                                                                                   |  |                                                                                        |  |                                        |  |         |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                      |  |                                                     |  | <b>12. Notified Owner of need to fill &amp; seal ?</b><br><br>Filled & Sealed Well(s) as needed?                            |  |                                                                                                                                                   |  |                                                                                        |  |                                        |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                                                     |  | <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: 112'

Bedrock Depth: