

|                                                                                    |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|------------------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|-----------------------------------------------------------------------|--|--------------------------------------------------------------|--|--------------------|--|-------------|--|-----------------------------------|--|----|--|-------------|--|----------|--|----|--|---|--|---|--|---------------|--|----|--|-----|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>             |  |                                             |  | <b>HR993</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 BRUNER, JAY                                                         |  |                                             |  |                                       |  | Phone # (608)273-9390                                                                                                                                                                                                                                                                 |  | <b>1. Well Location</b>                                 |  |                                                                       |  | Fire # (if avail.)                                           |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Mailing Address 7091 WATTS RD                                                      |  |                                             |  |                                       |  | Town of CROSS PLAINS                                                                                                                                                                                                                                                                  |  |                                                         |  |                                                                       |  | Street Address or Road Name and Number<br>4494 OAK VALLEY RD |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| City MADISON                                                                       |  |                                             |  | State WI                              |  | Zip Code 53719                                                                                                                                                                                                                                                                        |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| County Dane                                                                        |  | Co. Permit # W09808                         |  | Notification #                        |  | Completed 08-06-1994                                                                                                                                                                                                                                                                  |  | Subdivision Name OAK VALLEY ESTATES                     |  |                                                                       |  | Lot # 56                                                     |  | Block #            |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Well Constructor (Business Name) DAVID C JELINEK                                   |  |                                             |  | Lic. # 43                             |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                          |  |                                                         |  | Latitude / Longitude in Decimal Degree (DD)<br>43.0984 °N -89.6123 °W |  |                                                              |  | Method Code GCD013 |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Address 2791 BAY DR<br>RHINELANDER WI 54501-9465                                   |  |                                             |  | Well Plan Approval #                  |  | SE NW                                                                                                                                                                                                                                                                                 |  | Section 12                                              |  | Township 7 N                                                          |  | Range 7 E                                                    |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | Approval Date (mm-dd-yyyy)            |  | or Govt Lot #                                                                                                                                                                                                                                                                         |  | 12                                                      |  | 7 N                                                                   |  | 7 E                                                          |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Hicap Permanent Well #                                                             |  | Common Well #                               |  | Specific Capacity 0.4                 |  | <b>2. Well Type</b> New Well                                                                                                                                                                                                                                                          |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| <b>3. Well serves</b> 1 # of Private, potable<br>Heat Exchange ___ # of drillholes |  |                                             |  |                                       |  | Hicap Well ? No                                                                                                                                                                                                                                                                       |  | Reason for replaced or reconstructed well ?<br>NEW HOME |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | Hicap Property ? No                                                                                                                                                                                                                                                                   |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Hicap Potable ?                                                                    |  |                                             |  |                                       |  | Construction Type Drilled                                                                                                                                                                                                                                                             |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                                                                                                                                                                                                           |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                             |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  | <b>8. Geology</b>                                            |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Dia. (in.)                                                                         |  | From (ft.)                                  |  | To (ft.)                              |  | Upper Enlarged Drillhole                                                                                                                                                                                                                                                              |  | Lower Open Bedrock                                      |  | Geology Codes                                                         |  | Type, Caving/Noncaving, Color, Hardness, etc...              |  | From (ft.)         |  | To (ft.)    |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| 8.75                                                                               |  | Surface                                     |  | 49                                    |  | Yes 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) |  | CLAY                                                    |  | Surface                                                               |  | 13                                                           |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| 6                                                                                  |  | 49                                          |  | 185                                   |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| A                                                                                  |  | G                                           |  | COARSE GRAVEL                         |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  | 13                 |  | 33          |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  | C                                 |  | G  |  | STONEY CLAY |  | 33       |  | 47 |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  | T |  | N |  | TAN SANDSTONE |  | 47 |  | 180 |  |
|                                                                                    |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| 45 ft. below ground surface                                                        |  | 40 in. above grade                          |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | Developed ? Yes                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | Disinfected ? Yes                                                                                                                                                                                                                                                                     |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  | Capped ? Yes                                            |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Pumping level 80 ft. below surface                                                 |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  | Pumping at 15 GP M for 0.5 Hrs.             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | Pumping Method ?                      |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | 12. Notified Owner of need to fill & seal ?                                                                                                                                                                                                                                           |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Filled & Sealed Well(s) as needed?                                                 |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  | No                                                      |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  | NONE                                        |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | 13. Constructor / Supervisory Driller |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  | Lic #                                                                 |  | Date Signed                                                  |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | RB                                                                                                                                                                                                                                                                                    |  |                                                         |  |                                                                       |  |                                                              |  | 08-09-1994         |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Drill Rig Operator                                                                 |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  | Lic or Reg #                                            |  |                                                                       |  |                                                              |  |                    |  | Date Signed |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  | MAB                                         |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  | 08-09-1994                        |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | 6. Casing, Liner, Screen              |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | Dia. (in.)                                                                                                                                                                                                                                                                            |  |                                                         |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly  |  | From (ft.)                                                   |  | To (ft.)           |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| 6                                                                                  |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  | STD STEEL PE 18.97LBS ASTMA53 SAWHILL<br>GRADE B        |  |                                                                       |  |                                                              |  |                    |  | Surface     |  |                                   |  | 49 |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  | Dia. (in.)                                  |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  | Screen type, material & slot size |  |    |  | From (ft.)  |  | To (ft.) |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | 7. Grout or Other Sealing Material    |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | Method FULL HOLE                                                                                                                                                                                                                                                                      |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Kind of Sealing Material                                                           |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  | From (ft.)                                              |  | To (ft.)                                                              |  | # Sacks Cement                                               |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  | BENTONITE @ CUTTINGS                        |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  | Surface            |  | 49          |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | 11. Well Is                           |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | 9. Static Water Level                                                                                                                                                                                                                                                                 |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| 10. Pump Test                                                                      |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  | 45 ft. below ground surface                 |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | 40 in. above grade                    |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | Developed ? Yes                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Disinfected ? Yes                                                                  |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  | Capped ? Yes                                |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | Pumping level 80 ft. below surface    |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | Pumping at 15 GP M for 0.5 Hrs.                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| Pumping Method ?                                                                   |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  | 12. Notified Owner of need to fill & seal ? |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | Filled & Sealed Well(s) as needed?    |  |                                                                                                                                                                                                                                                                                       |  | No                                                      |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | NONE                                                                                                                                                                                                                                                                                  |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
| 13. Constructor / Supervisory Driller                                              |  |                                             |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  | Lic #                                                                 |  | Date Signed                                                  |  |                    |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  | RB                                          |  |                                       |  |                                                                                                                                                                                                                                                                                       |  |                                                         |  |                                                                       |  |                                                              |  | 08-09-1994         |  |             |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  | Drill Rig Operator                    |  |                                                                                                                                                                                                                                                                                       |  | Lic or Reg #                                            |  |                                                                       |  |                                                              |  |                    |  | Date Signed |  |                                   |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |
|                                                                                    |  |                                             |  |                                       |  | MAB                                                                                                                                                                                                                                                                                   |  |                                                         |  |                                                                       |  |                                                              |  |                    |  |             |  | 08-09-1994                        |  |    |  |             |  |          |  |    |  |   |  |   |  |               |  |    |  |     |  |

**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       | Downspout/Yard Hydrant           |           | 80       |
| Building Drain - Sanitary                                 |           | 105      | Foundation Drain to Clearwater   |           | 95       |
| Building Overhang                                         |           | 80       | Sewer - Building Sanitary        |           | 105      |
| Clearwater Sump                                           |           | 95       | Septic or Holding, or POWTS Tank |           | 120      |

Comment:

Created On: 12-02-1994

Updated On: 12-11-2019

Review Status: