

|                                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|-----------------------------------------------------------------------|--|----------------------------------------|--|------------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>KO928</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 WENDT, GERALD                                           |  |                                                                      |  |                      |  | Phone #                                                                                                                                                                                                                                                                           |  | <b>1. Well Location</b> |  |                                                                       |  | Fire # (if avail.)                     |  |                              |  |
| Mailing Address 12203 W FREISDAT RD                                    |  |                                                                      |  |                      |  | City of MEQUON                                                                                                                                                                                                                                                                    |  |                         |  |                                                                       |  | Street Address or Road Name and Number |  |                              |  |
| City MEQUON                                                            |  |                                                                      |  |                      |  | State WI                                                                                                                                                                                                                                                                          |  | Zip Code 53097          |  |                                                                       |  | 12203 W FREISTADT RD 120N              |  |                              |  |
| County Ozaukee                                                         |  | Co. Permit #                                                         |  | Notification #       |  | Completed 03-12-1996                                                                                                                                                                                                                                                              |  | Subdivision Name        |  |                                                                       |  | Lot #                                  |  | Block #                      |  |
| Well Constructor (Business Name)<br>GROTH DRILLING CO INC              |  |                                                                      |  | Lic. # 639           |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                      |  |                         |  | Latitude / Longitude in Decimal Degree (DD)<br>43.2352 °N -88.0611 °W |  |                                        |  | Method Code<br>GCD013        |  |
| Address W69 N949 WASHINGTON<br>CEDARBURG WI 53012                      |  |                                                                      |  | Well Plan Approval # |  | NW NW                                                                                                                                                                                                                                                                             |  | Section 19              |  | Township 9 N                                                          |  | Range 21 E                             |  | <b>2. Well Type</b> New Well |  |
| Hicap Permanent Well #                                                 |  |                                                                      |  | Common Well #        |  | Specific Capacity<br>0.9                                                                                                                                                                                                                                                          |  |                         |  | of previous unique well # constructed in                              |  |                                        |  |                              |  |
| <b>3. Well serves</b> 1 # of                                           |  |                                                                      |  | Hicap Well ? No      |  | Reason for replaced or reconstructed well ?                                                                                                                                                                                                                                       |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Private, potable                                                       |  |                                                                      |  | Hicap Property ? No  |  | WATER                                                                                                                                                                                                                                                                             |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  | Hicap Potable ?      |  | Construction Type Drilled                                                                                                                                                                                                                                                         |  |                         |  |                                                                       |  |                                        |  |                              |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                 |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Dia. (in.)                                                             |  | From (ft.)                                                           |  | To (ft.)             |  | Upper Enlarged Drillhole                                                                                                                                                                                                                                                          |  |                         |  | Lower Open Bedrock                                                    |  |                                        |  |                              |  |
| 6                                                                      |  | Surface                                                              |  | 125                  |  | 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) |  |                         |  |                                                                       |  |                                        |  |                              |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                      |  | From (ft.)                                                                                                                                                                                                                                                                        |  | To (ft.)                |  | <b>8. Geology</b>                                                     |  |                                        |  |                              |  |
| 0.006                                                                  |  | 1897 LB ASTMA53 PE IPSO                                              |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 84                      |  | Geology Codes                                                         |  |                                        |  |                              |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                      |  | From (ft.)                                                                                                                                                                                                                                                                        |  | To (ft.)                |  | Type, Caving/Noncaving, Color, Hardness, etc...                       |  |                                        |  |                              |  |
| 0.006                                                                  |  | 1897 LB ASTMA53 PE IPSO                                              |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 84                      |  | SOIL                                                                  |  |                                        |  |                              |  |
| 0.006                                                                  |  | 1897 LB ASTMA53 PE IPSO                                              |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 84                      |  | GRAVEL SAN                                                            |  |                                        |  |                              |  |
| 0.006                                                                  |  | 1897 LB ASTMA53 PE IPSO                                              |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 84                      |  | GRAVEL CLAY LIMESTONE                                                 |  |                                        |  |                              |  |
| 0.006                                                                  |  | 1897 LB ASTMA53 PE IPSO                                              |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 84                      |  | SANDY CLAY                                                            |  |                                        |  |                              |  |
| 0.006                                                                  |  | 1897 LB ASTMA53 PE IPSO                                              |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 84                      |  | SAND                                                                  |  |                                        |  |                              |  |
| 0.006                                                                  |  | 1897 LB ASTMA53 PE IPSO                                              |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 84                      |  | GRAVEL SANDY CLAY                                                     |  |                                        |  |                              |  |
| 0.006                                                                  |  | 1897 LB ASTMA53 PE IPSO                                              |  |                      |  | Surface                                                                                                                                                                                                                                                                           |  | 84                      |  | LIMESTONE                                                             |  |                                        |  |                              |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Method                                                                 |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| <b>9. Static Water Level</b>                                           |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| 24 ft. below ground surface                                            |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Pumping level 40 ft. below surface                                     |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Pumping at 15 GP M for 2 Hrs.                                          |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Pumping Method ?                                                       |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| <b>11. Well Is</b>                                                     |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| 18 in. above grade                                                     |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Developed ? Yes                                                        |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Disinfected ? Yes                                                      |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Capped ? Yes                                                           |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                 |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Filled & Sealed Well(s) as needed?                                     |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| HG                                                                     |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Date Signed 03-26-1996                                                 |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| <b>Drill Rig Operator</b>                                              |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Lic or Reg #                                                           |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |
| Date Signed                                                            |  |                                                                      |  |                      |  |                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                       |  |                                        |  |                              |  |

**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) |           | 100      | Downspout/Yard Hydrant           |           | 36       |
|                                                           |           |          | Sewer - Building Sanitary        |           | 63       |
| Building Overhang                                         |           | 45       | Septic or Holding, or POWTS Tank |           | 81       |

Comment:

Created On: 05-16-1996

Updated On: 07-15-2019

Review Status: