

|                                                                                    |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|-----------------------------------------------------|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|----------|--------------------------------------------------------------------|--|-------------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>             |  |                                                                   |                                                     | <b>LK837</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 GUAY, DAVE                                                          |  |                                                                   |                                                     |                            |  | Phone #                                                                                                                     |  | <b>1. Well Location</b>                              |          |                                                                    |  | Fire # (if avail.)            |  |
| Mailing Address N 6657 HARRISON RD                                                 |  |                                                                   |                                                     |                            |  | Town of HARRISON                                                                                                            |  |                                                      |          |                                                                    |  |                               |  |
| City HILBERT                                                                       |  |                                                                   |                                                     |                            |  | State WI                                                                                                                    |  | Zip Code 54129                                       |          |                                                                    |  |                               |  |
| County Calumet                                                                     |  | Co. Permit #                                                      |                                                     | Notification #             |  | Completed 02-03-1997                                                                                                        |  | Subdivision Name                                     |          |                                                                    |  | Lot # Block #                 |  |
| Well Constructor (Business Name) RED WILLEMS                                       |  |                                                                   |                                                     | Lic. # 451                 |  | Facility ID # (Public Wells)                                                                                                |  |                                                      |          | Latitude / Longitude in Decimal Degree (DD) 44.1295 °N -88.3162 °W |  |                               |  |
| Address 7962 ST PATS CHURCH GREENLEAF WI 54126-9611                                |  |                                                                   |                                                     | Well Plan Approval #       |  | SE SW                                                                                                                       |  | Section 11                                           |          | Township 19 N                                                      |  | Method Code GCD013 Range 18 E |  |
|                                                                                    |  |                                                                   |                                                     | Approval Date (mm-dd-yyyy) |  | or Govt Lot #                                                                                                               |  |                                                      |          |                                                                    |  |                               |  |
| Hicap Permanent Well #                                                             |  | Common Well #                                                     |                                                     | Specific Capacity 0.2      |  | <b>2. Well Type</b> New Well                                                                                                |  |                                                      |          |                                                                    |  |                               |  |
| <b>3. Well serves</b> 1 # of Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                   |                                                     |                            |  | Hicap Well ? No                                                                                                             |  | of previous unique well # constructed in             |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   |                                                     |                            |  | Hicap Property ? No                                                                                                         |  | Reason for replaced or reconstructed well ? NEW HOME |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   |                                                     |                            |  | 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         |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| 8 Surface 120                                                                      |  |                                                                   | Yes Rotary - Mud Circulation .....                  |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| 6 120 347                                                                          |  |                                                                   | Yes Rotary - Air .....                              |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   | Rotary - Air & Foam .....                           |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   | Drill-Through Casing Hammer                         |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   | Reverse Rotary                                      |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   | Cable-tool Bit ___ in. dia...                       |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   | Dual Rotary .....                                   |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   | Temp. Outer Casing ___ in. dia                      |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   | Removed? ___ depth ft. (If NO explain on back side) |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| <b>8. Geology</b>                                                                  |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| Geology Codes                                                                      |  |                                                                   | Type, Caving/Noncaving, Color, Hardness, etc...     |                            |  | From (ft.)                                                                                                                  |  |                                                      | To (ft.) |                                                                    |  |                               |  |
| X                                                                                  |  |                                                                   | SAND @ CLAY                                         |                            |  | Surface                                                                                                                     |  |                                                      | 5        |                                                                    |  |                               |  |
| S H                                                                                |  |                                                                   | SOFT SHALE                                          |                            |  | 5                                                                                                                           |  |                                                      | 119      |                                                                    |  |                               |  |
| H                                                                                  |  |                                                                   | SHALE ROCK                                          |                            |  | 119                                                                                                                         |  |                                                      | 142      |                                                                    |  |                               |  |
| L                                                                                  |  |                                                                   | LIMESTONE                                           |                            |  | 142                                                                                                                         |  |                                                      | 341      |                                                                    |  |                               |  |
| N                                                                                  |  |                                                                   | SANDSTONE                                           |                            |  | 341                                                                                                                         |  |                                                      | 347      |                                                                    |  |                               |  |
| <b>6. Casing, Liner, Screen</b>                                                    |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| Dia. (in.)                                                                         |  | Material, Weight, Specification Manufacturer & Method of Assembly |                                                     |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                             |          |                                                                    |  |                               |  |
| 6                                                                                  |  | ASTM A50 GRB SAWHILL TUBULAR WELDED JT WT 1897FT                  |                                                     |                            |  | Surface                                                                                                                     |  | 120                                                  |          |                                                                    |  |                               |  |
| Dia. (in.)                                                                         |  | Screen type, material & slot size                                 |                                                     |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                             |          |                                                                    |  |                               |  |
|                                                                                    |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| <b>7. Grout or Other Sealing Material</b>                                          |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| Method PRESSURE GROUT                                                              |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| Kind of Sealing Material                                                           |  |                                                                   |                                                     | From (ft.)                 |  | To (ft.)                                                                                                                    |  | # Sacks Cement                                       |          |                                                                    |  |                               |  |
| CEMENT                                                                             |  |                                                                   |                                                     | Surface                    |  | 120                                                                                                                         |  | 16 S                                                 |          |                                                                    |  |                               |  |
| <b>9. Static Water Level</b>                                                       |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| 80 ft. below ground surface                                                        |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| <b>10. Pump Test</b>                                                               |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| Pumping level 220 ft. below surface                                                |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| Pumping at 30 GP M for 4 Hrs.                                                      |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| Pumping Method ?                                                                   |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| <b>11. Well Is</b>                                                                 |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| 12 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>                                       |  |                                                                   |                                                     |                            |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| Lic #                                                                              |  |                                                                   |                                                     | Date Signed                |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| LJW                                                                                |  |                                                                   |                                                     | 02-27-1997                 |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| Drill Rig Operator                                                                 |  |                                                                   |                                                     | Lic or Reg #               |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |
| TW                                                                                 |  |                                                                   |                                                     | Date Signed 02-27-1997     |  |                                                                                                                             |  |                                                      |          |                                                                    |  |                               |  |

**4a. Potential Contamination Sources**Is the well located in floodplain ? No

| Type              | Qualifier | Distance | Type                             | Qualifier | Distance |
|-------------------|-----------|----------|----------------------------------|-----------|----------|
| Building Overhang |           | 13       | Septic or Holding, or POWTS Tank |           | 45       |

Comment:

Created On: 03-17-1998

Updated On: 08-13-2019

Review Status: