

|                                                                                       |   |                                                                      |         |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|---------------------------------------------------------------------------------------|---|----------------------------------------------------------------------|---------|-----------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------|---------|------------------------------------------------------|--|----------|-----------|---|----|--|---|------------|----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---|------|---------|---|--|---|-----------|---|----|--|---|------------|----|-----|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                |   |                                                                      |         | <b>LX596</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 HILDRETH, RAY                                                          |   |                                                                      |         |                                                           |  | Phone #<br>(608)583-2103                                                                                                                                                                                                                                                                                         |  | <b>1. Well Location</b>                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                             |       | Fire # (if avail.)                              |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| Mailing Address R 1                                                                   |   |                                                                      |         |                                                           |  | Town of HIGHLAND                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       | Street Address or Road Name and Number          |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| City LONE ROCK                                                                        |   |                                                                      |         | State WI                                                  |  | Zip Code 53556                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| County Iowa                                                                           |   | Co. Permit #                                                         |         | Notification #                                            |  | Completed<br>06-02-1998                                                                                                                                                                                                                                                                                          |  | Subdivision Name                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                             | Lot # |                                                 | Block # |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| Well Constructor (Business Name)<br>DEAN E RICKARD                                    |   |                                                                      |         | Lic. #<br>481                                             |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                     |  | Latitude / Longitude in Decimal Degree (DD)<br><div style="display: flex; justify-content: space-around;"> <span>°N</span> <span>°W</span> </div>                                                                                                                                                                                                                                                          |  |                                                                                                                                             |       | Method Code                                     |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| Address PO BOX 499 458 WASLE<br>LINDEN WI 53553-0499                                  |   |                                                                      |         | Well Plan Approval #                                      |  | Approval Date (mm-dd-yyyy)                                                                                                                                                                                                                                                                                       |  | SW NE Section Township Range<br>or Govt Lot # 28 7 N 2 E                                                                                                                                                                                                                                                                                                                                                   |  | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>NEW CONSTRUCTION |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| Hicap Permanent Well #                                                                |   | Common Well #                                                        |         | Specific Capacity<br>3                                    |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| <b>3. Well serves</b> 1 # of<br>Private, potable<br>Heat Exchange ___ # of drillholes |   |                                                                      |         | Hicap Well ? No<br>Hicap Property ? No<br>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                                                              |         | 63                                                        |  | Rotary - Mud Circulation .....<br><u>Yes</u> Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br><u>Yes</u> Temp. Outer Casing 10in. dia<br><u>Yes</u> Removed? ___ depth ft. (If NO explain on back side) |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;">C</td> <td style="width: 5%;">CLAY</td> <td style="width: 5%;">Surface</td> <td style="width: 5%;">3</td> </tr> <tr> <td></td> <td>N</td> <td>SANDSTONE</td> <td>3</td> <td>30</td> </tr> <tr> <td></td> <td>H</td> <td>SHALESTONE</td> <td>30</td> <td>162</td> </tr> </table> |  |                                                                                                                                             | C     | CLAY                                            | Surface | 3                                                    |  | N        | SANDSTONE | 3 | 30 |  | H | SHALESTONE | 30 | 162 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;">C</td> <td style="width: 5%;">CLAY</td> <td style="width: 5%;">Surface</td> <td style="width: 5%;">3</td> </tr> <tr> <td></td> <td>N</td> <td>SANDSTONE</td> <td>3</td> <td>30</td> </tr> <tr> <td></td> <td>H</td> <td>SHALESTONE</td> <td>30</td> <td>162</td> </tr> </table> |  |  | C | CLAY | Surface | 3 |  | N | SANDSTONE | 3 | 30 |  | H | SHALESTONE | 30 | 162 |
|                                                                                       | C | CLAY                                                                 | Surface | 3                                                         |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       | N | SANDSTONE                                                            | 3       | 30                                                        |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       | H | SHALESTONE                                                           | 30      | 162                                                       |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       | C | CLAY                                                                 | Surface | 3                                                         |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       | N | SANDSTONE                                                            | 3       | 30                                                        |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       | H | SHALESTONE                                                           | 30      | 162                                                       |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| 6                                                                                     |   | 63                                                                   |         | 162                                                       |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       |   |                                                                      |         |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| <b>6. Casing, Liner, Screen</b>                                                       |   |                                                                      |         |                                                           |  | <b>9. Static Water Level</b>                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>11. Well Is</b>                                                                                                                          |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| Dia. (in.)                                                                            |   | Material, Weight, Specification<br>Manufacturer & Method of Assembly |         |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                                                       |  | To (ft.)                                                                                                                                                                                                                                                                                                                                                                                                   |  | 75 ft. below ground surface                                                                                                                 |       |                                                 |         | 12 in. above grade                                   |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| 6                                                                                     |   | NEW BLACK STD STEEL 18 97# PE WELDED<br>ASTM A53 280W T SAWHILL      |         |                                                           |  | Surface                                                                                                                                                                                                                                                                                                          |  | 63                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>10. Pump Test</b><br>Pumping level 80 ft. below surface<br>Pumping at 15 GP M for 2 Hrs.<br>Pumping Method ?                             |       |                                                 |         | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| Dia. (in.)                                                                            |   | Screen type, material & slot size                                    |         |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                                                       |  | To (ft.)                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| <b>7. Grout or Other Sealing Material</b><br>Method PRESSURE TREMIE PIPE              |   |                                                                      |         |                                                           |  | <b>12. Notified Owner of need to fill &amp; seal ?</b><br><br>Filled & Sealed Well(s) as needed?                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       |                                                 |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| Kind of Sealing Material                                                              |   | From (ft.)                                                           |         | To (ft.)                                                  |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       | # Sacks Cement                                  |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
| NEAT CEMENT                                                                           |   | Surface                                                              |         | 63                                                        |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       | 18 S                                            |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       |   |                                                                      |         |                                                           |  | <b>13. Constructor / Supervisory Driller</b>                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  | Lic #                                                                                                                                       |       | Date Signed                                     |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       |   |                                                                      |         |                                                           |  | DR                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       | 06-02-1998                                      |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       |   |                                                                      |         |                                                           |  | Drill Rig Operator                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  | Lic or Reg #                                                                                                                                |       | Date Signed                                     |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |
|                                                                                       |   |                                                                      |         |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |       | 06-02-1998                                      |         |                                                      |  |          |           |   |    |  |   |            |    |     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |   |      |         |   |  |   |           |   |    |  |   |            |    |     |

**4a. Potential Contamination Sources**

Is the well located in floodplain ? No

| Type              | Qualifier | Distance |
|-------------------|-----------|----------|
| Building Overhang |           | 35       |

Comment:

Created On: 09-01-1998

Updated On: 09-01-1998

Review Status: