

|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
|---------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|-----------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                |  |                                                                      |  | <b>MM392</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 POTENBURG, MICHELLE                                                    |  |                                                                      |  |                                                           |  | Phone #                                                                                                                                                                                                                                                                                                          |  | <b>1. Well Location</b> |  |                                                                                                                                                  |  | Fire # (if avail.) |  |                       |  |
| Mailing Address 3069 VINBORN RD                                                       |  |                                                                      |  |                                                           |  | Town of BRISTOL                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| City SUN PRAIRIE                                                                      |  |                                                                      |  |                                                           |  | State WI                                                                                                                                                                                                                                                                                                         |  | Zip Code 53590          |  |                                                                                                                                                  |  |                    |  |                       |  |
| County Dane                                                                           |  | Co. Permit # 16061                                                   |  | Notification #                                            |  | Completed 09-28-1999                                                                                                                                                                                                                                                                                             |  | Subdivision Name        |  |                                                                                                                                                  |  | Lot # Block #      |  |                       |  |
| Well Constructor (Business Name)<br>BRADLEY S WEBSTER                                 |  |                                                                      |  | Lic. # 614                                                |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                     |  |                         |  | Latitude / Longitude in Decimal Degree (DD)<br>43.2382 °N -89.2387 °W                                                                            |  |                    |  | Method Code<br>GCD013 |  |
| Address N2323 PINE HOLLOW RD<br>POYNETTE WI 53955-9620                                |  |                                                                      |  | Well Plan Approval #                                      |  | NE NW Section Township Range<br>or Govt Lot # 19 9 N 11 E                                                                                                                                                                                                                                                        |  |                         |  | <b>2. Well Type</b> Replacement<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>OLD WELL COLLAPSED |  |                    |  |                       |  |
|                                                                                       |  |                                                                      |  |                                                           |  | Approval Date (mm-dd-yyyy)                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Hicap Permanent Well #                                                                |  | Common Well #                                                        |  | Specific Capacity<br>2                                    |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| <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>                                |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Dia. (in.)                                                                            |  | From (ft.)                                                           |  | To (ft.)                                                  |  | Upper Enlarged Drillhole Lower Open Bedrock                                                                                                                                                                                                                                                                      |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| 9                                                                                     |  | Surface                                                              |  | 80                                                        |  | 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) |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| 6                                                                                     |  | 80                                                                   |  | 165                                                       |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| <b>8. Geology</b>                                                                     |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Geology Codes                                                                         |  | Type, Caving/Noncaving, Color, Hardness, etc...                      |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                                                       |  | To (ft.)                |  |                                                                                                                                                  |  |                    |  |                       |  |
| C                                                                                     |  | CLAY                                                                 |  |                                                           |  | Surface                                                                                                                                                                                                                                                                                                          |  | 18                      |  |                                                                                                                                                  |  |                    |  |                       |  |
| L                                                                                     |  | LIMESTONE                                                            |  |                                                           |  | 18                                                                                                                                                                                                                                                                                                               |  | 120                     |  |                                                                                                                                                  |  |                    |  |                       |  |
| H N                                                                                   |  | FIRM SANDSTONE                                                       |  |                                                           |  | 120                                                                                                                                                                                                                                                                                                              |  | 165                     |  |                                                                                                                                                  |  |                    |  |                       |  |
| <b>6. Casing, Liner, Screen</b>                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Dia. (in.)                                                                            |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                                                       |  | To (ft.)                |  |                                                                                                                                                  |  |                    |  |                       |  |
| 6                                                                                     |  | PE SAWHILL A53B .280 WALL                                            |  |                                                           |  | Surface                                                                                                                                                                                                                                                                                                          |  | 80                      |  |                                                                                                                                                  |  |                    |  |                       |  |
| Dia. (in.)                                                                            |  | Screen type, material & slot size                                    |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                                                       |  | To (ft.)                |  |                                                                                                                                                  |  |                    |  |                       |  |
|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| <b>7. Grout or Other Sealing Material</b>                                             |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Method PRESSURE TREMIE PIPE                                                           |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Kind of Sealing Material                                                              |  | From (ft.)                                                           |  | To (ft.)                                                  |  | # Sacks Cement                                                                                                                                                                                                                                                                                                   |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| NEAT CEMENT                                                                           |  | Surface                                                              |  | 80                                                        |  | 24 S                                                                                                                                                                                                                                                                                                             |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| <b>9. Static Water Level</b>                                                          |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| 84 ft. below ground surface                                                           |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| <b>10. Pump Test</b>                                                                  |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Pumping level 90 ft. below surface                                                    |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Pumping at 12 GP M for 2 Hrs.                                                         |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Pumping Method ?                                                                      |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| <b>11. Well Is</b>                                                                    |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| 20 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? Yes                                                |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| <b>13. Constructor / Supervisory Driller</b>                                          |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Lic #                                                                                 |  | Date Signed                                                          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| BW                                                                                    |  | 09-10-1999                                                           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| Drill Rig Operator                                                                    |  | Lic or Reg # Date Signed                                             |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |
| RW                                                                                    |  | 09-30-1999                                                           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                  |  |                         |  |                                                                                                                                                  |  |                    |  |                       |  |

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

| Type                                                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 150      | Landfill                         | >         | 1200     |
| Building Overhang                                         |           | 25       | Sewer - Building Sanitary        |           | 70       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 120      |

Comment:

Created On: 02-22-2000

Updated On: 12-11-2019

Review Status: