

|                                                                                            |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
|--------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|--------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                     |  |                                                                      |                                                                                                                                                                                                                                                                                                                 | <b>MQ321</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 GAEDE, VALITHA                                                              |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  | Phone # (715)536-3253                                                                                                       |  | <b>1. Well Location</b>                                                                                                                           |  |                |  | Fire # (if avail.) |  |
| Mailing Address 300 S PARK                                                                 |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  | Town of SCHLEY                                                                                                                                    |  |                |  |                    |  |
| City MERRILL                                                                               |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  | State WI                                                                                                                    |  | Zip Code 54452                                                                                                                                    |  |                |  |                    |  |
| County Lincoln                                                                             |  | Co. Permit #                                                         |                                                                                                                                                                                                                                                                                                                 | Notification #                     |  | Completed 10-08-1998                                                                                                        |  | Subdivision Name                                                                                                                                  |  |                |  | Lot # Block #      |  |
| Well Constructor (Business Name)<br>JAMES A HORNUNG SR                                     |  |                                                                      |                                                                                                                                                                                                                                                                                                                 | Lic. # 695                         |  | 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 W4014 ALPINE AVE<br>MERRILL WI 54452-9064                                          |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  | Well Plan Approval #                                                                                                        |  | SW NE Section Township Range<br>or Govt Lot # 9 32 N 8 E                                                                                          |  |                |  |                    |  |
| Hicap Permanent Well #                                                                     |  |                                                                      |                                                                                                                                                                                                                                                                                                                 | Common Well #                      |  | Specific Capacity 0.1                                                                                                       |  | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in                                                                          |  |                |  |                    |  |
| Reason for replaced or reconstructed well ?<br>NEW HOME                                    |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| <b>3. Well serves</b> 1 # of HOME<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                                                                                                                                                                                                                                                                     |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| 8 Surface 40                                                                               |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| 6 40 140                                                                                   |  |                                                                      | Rotary - Mud Circulation .....<br>Rotary - Air .....<br><u>Yes</u> 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 8in. dia<br><u>Yes</u> Removed? ___ depth ft. (If NO explain on back side) |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| <b>8. Geology</b>                                                                          |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Geology Codes                                                                              |  |                                                                      | Type, Caving/Noncaving, Color, Hardness, etc...                                                                                                                                                                                                                                                                 |                                    |  | From (ft.) To (ft.)                                                                                                         |  |                                                                                                                                                   |  |                |  |                    |  |
| S M                                                                                        |  |                                                                      | SAND & SILT                                                                                                                                                                                                                                                                                                     |                                    |  | Surface 22                                                                                                                  |  |                                                                                                                                                   |  |                |  |                    |  |
| D Q                                                                                        |  |                                                                      | DECOMPOSED GRANITE                                                                                                                                                                                                                                                                                              |                                    |  | 22 24                                                                                                                       |  |                                                                                                                                                   |  |                |  |                    |  |
| G Q                                                                                        |  |                                                                      | GRAY GRANITE                                                                                                                                                                                                                                                                                                    |                                    |  | 24 140                                                                                                                      |  |                                                                                                                                                   |  |                |  |                    |  |
| <b>6. Casing, Liner, Screen</b>                                                            |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Dia. (in.)                                                                                 |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |                                                                                                                                                                                                                                                                                                                 |                                    |  | From (ft.) To (ft.)                                                                                                         |  |                                                                                                                                                   |  |                |  |                    |  |
| 6                                                                                          |  | SAWHILL BLK WELDED ASTMA53B                                          |                                                                                                                                                                                                                                                                                                                 |                                    |  | Surface 40                                                                                                                  |  |                                                                                                                                                   |  |                |  |                    |  |
| Dia. (in.)                                                                                 |  | Screen type, material & slot size                                    |                                                                                                                                                                                                                                                                                                                 |                                    |  | From (ft.) To (ft.)                                                                                                         |  |                                                                                                                                                   |  |                |  |                    |  |
|                                                                                            |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| <b>7. Grout or Other Sealing Material</b>                                                  |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Method DISPLACEMENT PUMPED                                                                 |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Kind of Sealing Material                                                                   |  |                                                                      |                                                                                                                                                                                                                                                                                                                 | From (ft.) To (ft.) # Sacks Cement |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| NEAT GROUT                                                                                 |  |                                                                      |                                                                                                                                                                                                                                                                                                                 | Surface 40 5 S                     |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| <b>9. Static Water Level</b>                                                               |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| 10 ft. below ground surface                                                                |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| <b>10. Pump Test</b>                                                                       |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Pumping level 130 ft. below surface                                                        |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Pumping at 10 GP M for 1 Hrs.                                                              |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Pumping Method ?                                                                           |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| <b>11. Well Is</b>                                                                         |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| 24 in. above grade                                                                         |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes                                       |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                                     |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Filled & Sealed Well(s) as needed?<br>NONE                                                 |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| <b>13. Constructor / Supervisory Driller</b>                                               |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Lic #                                                                                      |  |                                                                      |                                                                                                                                                                                                                                                                                                                 | Date Signed                        |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| JH                                                                                         |  |                                                                      |                                                                                                                                                                                                                                                                                                                 | 10-08-1998                         |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |
| Drill Rig Operator                                                                         |  |                                                                      |                                                                                                                                                                                                                                                                                                                 | Lic or Reg #                       |  |                                                                                                                             |  | Date Signed                                                                                                                                       |  |                |  |                    |  |
|                                                                                            |  |                                                                      |                                                                                                                                                                                                                                                                                                                 |                                    |  |                                                                                                                             |  |                                                                                                                                                   |  |                |  |                    |  |

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

| Type                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|---------------------------|-----------|----------|----------------------------------|-----------|----------|
| Building Drain - Sanitary |           | 50       | Sewer - Building Sanitary        |           | 75       |
|                           |           |          | Septic or Holding, or POWTS Tank |           | 50       |

Comment:

Created On: 12-06-1999

Updated On: 12-06-1999

Review Status: