

|                                                                                            |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------|---------------|------------------|--|------------------------------------------------------------|---------|--------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                     |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   | <b>MT746</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 GREG ALSZEWSKI CONST                                                        |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              | Phone #                                                                                                                     |               | <b>1. Well Location</b>                                               |               |                  |  | Fire # (if avail.)                                         |         |                    |  |
| Mailing Address 3656 GRAY LOG LN                                                           |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              | Town of STOCKTON                                                                                                            |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| City STEVENS POINT                                                                         |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              | State WI                                                                                                                    |               | Zip Code 54481                                                        |               |                  |  | Street Address or Road Name and Number<br>4256 OAKRIDGE CT |         |                    |  |
| County                                                                                     |                                                                      | Co. Permit #                                    |                                                                                                                                                                                                                                                                                   | Notification #                                            |                              | Completed<br>10-09-1998                                                                                                     |               | Subdivision Name                                                      |               |                  |  | Lot #<br>2                                                 | Block # |                    |  |
| Well Constructor (Business Name)<br>BERTRAM JUNEMANN WELL DRILLING I                       |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   | Lic. #<br>84                                              | Facility ID # (Public Wells) |                                                                                                                             |               | Latitude / Longitude in Decimal Degree (DD)<br>44.4643 °N -89.4409 °W |               |                  |  | Method Code<br>GCD013                                      |         |                    |  |
| Address 7285 CTY TRK S<br>RUDOLPH WI 54475                                                 |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   | Well Plan Approval #<br><br>Approval Date (mm-dd-yyyy)    |                              |                                                                                                                             | NE NW         |                                                                       | Section<br>20 | Township<br>23 N |  | Range<br>9 E                                               |         |                    |  |
|                                                                                            |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             | or Govt Lot # |                                                                       |               |                  |  |                                                            |         |                    |  |
| Hicap Permanent Well #                                                                     |                                                                      | Common Well #                                   |                                                                                                                                                                                                                                                                                   | Specific Capacity<br>10                                   |                              | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in                                                    |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| <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 ? |                              | Reason for replaced or reconstructed well ?<br>NEW CONST                                                                    |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| Construction Type Drilled                                                                  |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                     |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| Dia. (in.)                                                                                 | From (ft.)                                                           | To (ft.)                                        | Upper Enlarged Drillhole                                                                                                                                                                                                                                                          |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         | Lower Open Bedrock |  |
| 6                                                                                          | Surface                                                              | 99                                              | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| <b>8. Geology</b>                                                                          |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| Geology Codes                                                                              |                                                                      | Type, Caving/Noncaving, Color, Hardness, etc... |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  | From (ft.)                                                 |         | To (ft.)           |  |
| Y                                                                                          |                                                                      | SAND @ GRAVEL                                   |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  | Surface                                                    |         | 99                 |  |
| <b>6. Casing, Liner, Screen</b>                                                            |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| Dia. (in.)                                                                                 | Material, Weight, Specification<br>Manufacturer & Method of Assembly |                                                 |                                                                                                                                                                                                                                                                                   |                                                           | From (ft.)                   |                                                                                                                             | To (ft.)      |                                                                       |               |                  |  |                                                            |         |                    |  |
| 6                                                                                          | PE A53 280 SAWHILL                                                   |                                                 |                                                                                                                                                                                                                                                                                   |                                                           | Surface                      |                                                                                                                             | 96            |                                                                       |               |                  |  |                                                            |         |                    |  |
| Dia. (in.)                                                                                 | Screen type, material & slot size                                    |                                                 |                                                                                                                                                                                                                                                                                   |                                                           | From (ft.)                   |                                                                                                                             | To (ft.)      |                                                                       |               |                  |  |                                                            |         |                    |  |
| 6                                                                                          | TELE JOHNSON SS 12 SLOT                                              |                                                 |                                                                                                                                                                                                                                                                                   |                                                           | 96                           |                                                                                                                             | 99            |                                                                       |               |                  |  |                                                            |         |                    |  |
| <b>7. Grout or Other Sealing Material</b>                                                  |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| Method MOUNDED                                                                             |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| Kind of Sealing Material                                                                   |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   | From (ft.)                                                |                              | To (ft.)                                                                                                                    |               | # Sacks Cement                                                        |               |                  |  |                                                            |         |                    |  |
| BENTONITE                                                                                  |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   | Surface                                                   |                              | 0                                                                                                                           |               | 6 S                                                                   |               |                  |  |                                                            |         |                    |  |
| <b>9. Static Water Level</b>                                                               |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| 64 ft. below ground surface                                                                |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| <b>10. Pump Test</b>                                                                       |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| Pumping level 65 ft. below surface                                                         |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| Pumping at 10 GP M for 1 Hrs.                                                              |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| Pumping Method ?                                                                           |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| <b>11. Well Is</b>                                                                         |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| 14 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?<br>NONE                                                 |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  |                                                            |         |                    |  |
| <b>13. Constructor / Supervisory Driller</b>                                               |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               | Lic #            |  | Date Signed                                                |         |                    |  |
| JJ                                                                                         |                                                                      |                                                 |                                                                                                                                                                                                                                                                                   |                                                           |                              |                                                                                                                             |               |                                                                       |               |                  |  | 10-14-1998                                                 |         |                    |  |
| 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 |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 110      | Building Overhang                |           | 10       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 85       |

Comment:

Created On: 01-19-1999

Updated On: 05-07-2020

Review Status: