

|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--|----------------------------------------|--|--------------------------------------------------------|--|------------|--|--------------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>             |  |                                                                               |  | <b>MU806</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 LUTZOW, ALLEN                                                       |  |                                                                               |  |                            |  | Phone # (715)489-3397                                                                                                       |  | <b>1. Well Location</b>                                                                                       |  |                                                                    |  | Fire # (if avail.)                     |  |                                                        |  |            |  |                    |  |             |  |
| Mailing Address W14573 PARK AVE                                                    |  |                                                                               |  |                            |  | Town of HUTCHINS                                                                                                            |  |                                                                                                               |  |                                                                    |  | Street Address or Road Name and Number |  |                                                        |  |            |  |                    |  |             |  |
| City MATTOON                                                                       |  |                                                                               |  |                            |  | State WI                                                                                                                    |  | Zip Code 54450                                                                                                |  |                                                                    |  | W14573 PARK AVE                        |  |                                                        |  |            |  |                    |  |             |  |
| County Shawano                                                                     |  | Co. Permit #                                                                  |  | Notification #             |  | Completed 08-20-1998                                                                                                        |  | Subdivision Name                                                                                              |  |                                                                    |  | Lot #                                  |  | Block #                                                |  |            |  |                    |  |             |  |
| Well Constructor (Business Name) DANIEL DILLENBURG                                 |  |                                                                               |  | Lic. # 196                 |  | Facility ID # (Public Wells)                                                                                                |  |                                                                                                               |  | Latitude / Longitude in Decimal Degree (DD) 44.9983 °N -88.9842 °W |  |                                        |  | Method Code GCD013                                     |  |            |  |                    |  |             |  |
| Address W9618 ANGLE RD SHAWANO WI 54166                                            |  |                                                                               |  | Well Plan Approval #       |  |                                                                                                                             |  | NE NE                                                                                                         |  | Section 13                                                         |  | Township 29 N                          |  | Range 12 E                                             |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  | Approval Date (mm-dd-yyyy) |  |                                                                                                                             |  | or Govt Lot #                                                                                                 |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
| Hicap Permanent Well #                                                             |  | Common Well #                                                                 |  | Specific Capacity          |  |                                                                                                                             |  | <b>2. Well Type</b> Replacement                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
| <b>3. Well serves</b> 1 # of Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                               |  |                            |  | Hicap Well ? No                                                                                                             |  | of previous unique well # EJ716 constructed in 91<br>Reason for replaced or reconstructed well ?<br>LOW YIELD |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Hicap Property ? No                                                                                                         |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Hicap Potable ?                                                                                                             |  | Construction Type Drilled                                                                                     |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                        |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                             |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  | <b>8. Geology</b>                                      |  |            |  |                    |  |             |  |
| Dia. (in.) 6                                                                       |  | From (ft.) Surface                                                            |  | To (ft.) 185               |  | Upper Enlarged Drillhole                                                                                                    |  |                                                                                                               |  | Lower Open Bedrock                                                 |  | Geology Codes                          |  | Type, Caving/Noncaving, Color, Hardness, etc...        |  | From (ft.) |  | To (ft.)           |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Rotary - Mud Circulation .....                                                                                              |  |                                                                                                               |  | Q Y                                                                |  | CAVING SAND @ GRAVEL                   |  | Surface                                                |  | 40         |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Rotary - Air .....                                                                                                          |  |                                                                                                               |  | Z                                                                  |  | GRAVEL @ CLAY                          |  | 40                                                     |  | 74         |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Rotary - Air & Foam .....                                                                                                   |  |                                                                                                               |  | Q                                                                  |  | GRANITE                                |  | 74                                                     |  | 185        |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Drill-Through Casing Hammer                                                                                                 |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Reverse Rotary                                                                                                              |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Cable-tool Bit ___ in. dia...                                                                                               |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Dual Rotary .....                                                                                                           |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Temp. Outer Casing ___ in. dia                                                                                              |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  | Removed? ___ depth ft. (If NO explain on back side)                                                                         |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
| <b>6. Casing, Liner, Screen</b>                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  | <b>9. Static Water Level</b>                           |  |            |  | <b>11. Well Is</b> |  |             |  |
| Dia. (in.) 6                                                                       |  | Material, Weight, Specification BLACK STEEL A53B 19 45# FT 280 WELDED SAWHILL |  |                            |  | From (ft.) Surface                                                                                                          |  | To (ft.) 74                                                                                                   |  | 47 ft. below ground surface                                        |  |                                        |  | 14 in. above grade                                     |  |            |  |                    |  |             |  |
| Dia. (in.)                                                                         |  | Screen type, material & slot size                                             |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                                                      |  | <b>10. Pump Test</b>                                               |  |                                        |  | Developed ? Yes                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  | Pumping level 175 ft. below surface                                |  |                                        |  | Disinfected ? Yes                                      |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  | Pumping at 2 GP M for 2 Hrs.                                       |  |                                        |  | Capped ? Yes                                           |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  | Pumping Method ?                                                   |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  |                                                        |  |            |  |                    |  |             |  |
| <b>7. Grout or Other Sealing Material</b>                                          |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |            |  |                    |  |             |  |
| Method                                                                             |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  | Filled & Sealed Well(s) as needed?<br>NONE             |  |            |  |                    |  |             |  |
|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  | <b>13. Constructor / Supervisory Driller</b>           |  |            |  | Lic #              |  | Date Signed |  |
|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  | PK                                                     |  |            |  |                    |  | 09-28-1998  |  |
|                                                                                    |  |                                                                               |  |                            |  |                                                                                                                             |  |                                                                                                               |  |                                                                    |  |                                        |  | 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      | Sewer - Building Sanitary        |           | 35       |
| Building Overhang                                         |           | 14       | Septic or Holding, or POWTS Tank |           | 110      |

Comment:

Created On: 10-20-1998

Updated On: 11-19-2019

Review Status: