

|                                                                                                                 |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
|-----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|-------------------------------------------------|----------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------|-------------------------------|---------------------------------------------------------|-----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                          |  |                                                                      |                                                 | <b>MW065</b>               |                          | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b>                                                                                                                                                       |                                                                                                                                                          |                                                                       |                    | <small>Form 3300-077A</small> |                                                         |           |  |
| Property Owner RUDE, JAMES J                                                                                    |  |                                                                      |                                                 |                            | Phone # (715)356-1465    |                                                                                                                                                                                                                                                                                   | <b>1. Well Location</b>                                                                                                                                  |                                                                       |                    |                               | Fire # (if avail.)                                      |           |  |
| Mailing Address PO BOX 134                                                                                      |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   | Town of MINOCQUA                                                                                                                                         |                                                                       |                    |                               | 9283                                                    |           |  |
| City MINOCQUA                                                                                                   |  |                                                                      |                                                 |                            | State WI                 |                                                                                                                                                                                                                                                                                   | Zip Code 54548                                                                                                                                           |                                                                       |                    |                               | Street Address or Road Name and Number<br>ELLENBEE LANE |           |  |
| County Oneida                                                                                                   |  | Co. Permit #                                                         |                                                 | Notification #             |                          | Completed 11-11-1998                                                                                                                                                                                                                                                              |                                                                                                                                                          | Subdivision Name                                                      |                    |                               | Lot # Block #                                           |           |  |
| Well Constructor (Business Name)<br>NEHLS @ WEBSTER WELL DRILLING                                               |  |                                                                      |                                                 | Lic. # 6076                |                          | Facility ID # (Public Wells)                                                                                                                                                                                                                                                      |                                                                                                                                                          | Latitude / Longitude in Decimal Degree (DD)<br>45.8803 °N -89.6865 °W |                    |                               | Method Code<br>GCD013                                   |           |  |
| Address 1901 APACHE LN<br>RHINELANDER WI 54501                                                                  |  |                                                                      |                                                 | Well Plan Approval #       |                          | SE SW                                                                                                                                                                                                                                                                             |                                                                                                                                                          | Section 12                                                            |                    | Township 39 N                 |                                                         | Range 6 E |  |
|                                                                                                                 |  |                                                                      |                                                 | Approval Date (mm-dd-yyyy) |                          | or Govt Lot #                                                                                                                                                                                                                                                                     |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| Hicap Permanent Well #                                                                                          |  |                                                                      | Common Well #                                   |                            | Specific Capacity<br>0.8 |                                                                                                                                                                                                                                                                                   | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br><br>Construction Type Drilled |                                                                       |                    |                               |                                                         |           |  |
| <b>3. Well serves</b> 1 # of HOME                                                                               |  |                                                                      |                                                 |                            | Hicap Well ? No          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| Private, potable                                                                                                |  |                                                                      |                                                 |                            | Hicap Property ? No      |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| Heat Exchange ___ # of drillholes                                                                               |  |                                                                      |                                                 |                            | Hicap Potable ?          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| <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                                                              |                                                 | 44                         |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
|                                                                                                                 |  |                                                                      |                                                 |                            |                          | 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.)           |                               |                                                         |           |  |
| Q S                                                                                                             |  |                                                                      | CAVING SAND                                     |                            |                          | Surface                                                                                                                                                                                                                                                                           |                                                                                                                                                          |                                                                       | 20                 |                               |                                                         |           |  |
| S                                                                                                               |  |                                                                      | SAND                                            |                            |                          | 20                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                       | 44                 |                               |                                                         |           |  |
| <b>6. Casing, Liner, Screen</b>                                                                                 |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| Dia. (in.)                                                                                                      |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |                                                 |                            |                          | From (ft.)                                                                                                                                                                                                                                                                        |                                                                                                                                                          | To (ft.)                                                              |                    |                               |                                                         |           |  |
| 6                                                                                                               |  | PE SAWHILL 18 97 A53                                                 |                                                 |                            |                          | Surface                                                                                                                                                                                                                                                                           |                                                                                                                                                          | 41                                                                    |                    |                               |                                                         |           |  |
| Dia. (in.)                                                                                                      |  | Screen type, material & slot size                                    |                                                 |                            |                          | From (ft.)                                                                                                                                                                                                                                                                        |                                                                                                                                                          | To (ft.)                                                              |                    |                               |                                                         |           |  |
| 6                                                                                                               |  | 10 SLOT S S                                                          |                                                 |                            |                          | 41                                                                                                                                                                                                                                                                                |                                                                                                                                                          | 44                                                                    |                    |                               |                                                         |           |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                                                             |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| <b>9. Static Water Level</b><br>24 ft. below ground surface                                                     |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| <b>10. Pump Test</b><br>Pumping level 36 ft. below surface<br>Pumping at 10 GP M for 2 Hrs.<br>Pumping Method ? |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| <b>11. Well Is</b><br>12 in. above grade<br>Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes                |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b><br><br>Filled & Sealed Well(s) as needed?                |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                       |                    |                               |                                                         |           |  |
| <b>13. Constructor / Supervisory Driller</b>                                                                    |  |                                                                      |                                                 |                            |                          | Lic #                                                                                                                                                                                                                                                                             |                                                                                                                                                          | Date Signed                                                           |                    |                               |                                                         |           |  |
| PW                                                                                                              |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          | 11-18-1998                                                            |                    |                               |                                                         |           |  |
| Drill Rig Operator                                                                                              |  |                                                                      |                                                 |                            |                          | Lic or Reg #                                                                                                                                                                                                                                                                      |                                                                                                                                                          | Date Signed                                                           |                    |                               |                                                         |           |  |
| BF                                                                                                              |  |                                                                      |                                                 |                            |                          |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          | 11-11-1998                                                            |                    |                               |                                                         |           |  |

**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) |           | 60       | Building Overhang                |           | 4        |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 40       |

Comment:

Created On: 01-07-1999

Updated On: 06-30-2020

Review Status: