

|                                                                                       |  |                                                                         |               |                                                           |  |                                                                                                                             |  |                                                            |                           |                                                                                                                                 |       |                                                            |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
|---------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|---------------|-----------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|-----------------------|------------------------------------------------------|--|-------------------------------|--|-------------------------------|--|--------------------------------|--|-----------------------------------------------------|--|-----------------------------------------------------|--|------|--|---------|--|----|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                |  |                                                                         |               | <b>MY314</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 SRF DEVELOPMENT                                                        |  |                                                                         |               |                                                           |  | Phone #<br>(920)434-0598                                                                                                    |  | <b>1. Well Location</b>                                    |                           |                                                                                                                                 |       | Fire # (if avail.)                                         |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| Mailing Address PO BOX 124                                                            |  |                                                                         |               |                                                           |  | Town of SUAMICO                                                                                                             |  |                                                            |                           |                                                                                                                                 |       | Street Address or Road Name and Number<br>3127 LONGVIEW LN |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| City SUAMICO                                                                          |  |                                                                         |               | State WI                                                  |  | Zip Code 54173                                                                                                              |  |                                                            |                           |                                                                                                                                 |       |                                                            |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| County Brown                                                                          |  | Co. Permit #                                                            |               | Notification #                                            |  | Completed<br>11-02-1998                                                                                                     |  | Subdivision Name                                           |                           |                                                                                                                                 | Lot # |                                                            | Block #               |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| Well Constructor (Business Name)<br>VAN DE YACHT LEO WELL DRILLING I                  |  |                                                                         |               | Lic. #<br>6097                                            |  | Facility ID # (Public Wells)                                                                                                |  |                                                            |                           | Latitude / Longitude in Decimal Degree (DD)<br>44.6274 °N -88.0316 °W                                                           |       |                                                            | Method Code<br>GCD013 |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| Address 3383 OAK FOREST DR<br>GREEN BAY WI 54313                                      |  |                                                                         |               | Well Plan Approval #                                      |  |                                                                                                                             |  | SW NW Section Township Range<br>or Govt Lot # 23 25 N 20 E |                           | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>HOME |       |                                                            |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
|                                                                                       |  |                                                                         |               | Approval Date (mm-dd-yyyy)                                |  |                                                                                                                             |  |                                                            |                           |                                                                                                                                 |       |                                                            |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| Hicap Permanent Well #                                                                |  |                                                                         | Common Well # |                                                           |  | Specific Capacity<br>0.1                                                                                                    |  |                                                            | Construction Type Drilled |                                                                                                                                 |       |                                                            |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| <b>3. Well serves</b> 1 # of<br>Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                         |               | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ? |  |                                                                                                                             |  |                                                            |                           |                                                                                                                                 |       |                                                            |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
|                                                                                       |  |                                                                         |               |                                                           |  |                                                                                                                             |  |                                                            |                           |                                                                                                                                 |       |                                                            |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                           |  |                                                                         |               |                                                           |  |                                                                                                                             |  |                                                            |                           |                                                                                                                                 |       |                                                            |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                |  |                                                                         |               |                                                           |  |                                                                                                                             |  |                                                            |                           |                                                                                                                                 |       | <b>8. Geology</b>                                          |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| Dia. (in.)                                                                            |  | From (ft.)                                                              |               | To (ft.)                                                  |  | Upper Enlarged Drillhole                                                                                                    |  |                                                            |                           | Lower Open Bedrock                                                                                                              |       | Geology Codes                                              |                       | Type, Caving/Noncaving, Color, Hardness, etc...      |  | From (ft.)                    |  | To (ft.)                      |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| 9                                                                                     |  | Surface                                                                 |               | 74                                                        |  | Yes Rotary - Mud Circulation .....                                                                                          |  |                                                            |                           | Yes Rotary - Air .....                                                                                                          |       | Rotary - Air & Foam .....                                  |                       | 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) |  | SAND |  | Surface |  | 10 |  |
| 6                                                                                     |  | 74                                                                      |               | 382                                                       |  | Yes Rotary - Air .....                                                                                                      |  |                                                            |                           | Rotary - Air & Foam .....                                                                                                       |       | 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) |  | CLAY                                                |  | 10   |  | 65      |  |    |  |
| 6                                                                                     |  | 74                                                                      |               | 382                                                       |  | Yes Rotary - Air .....                                                                                                      |  |                                                            |                           | Rotary - Air & Foam .....                                                                                                       |       | 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) |  | HARDPAN                                             |  | 65   |  | 74      |  |    |  |
| 6                                                                                     |  | 74                                                                      |               | 382                                                       |  | Yes Rotary - Air .....                                                                                                      |  |                                                            |                           | Rotary - Air & Foam .....                                                                                                       |       | 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) |  | LIMESTONE                                           |  | 74   |  | 382     |  |    |  |
| <b>6. Casing, Liner, Screen</b>                                                       |  |                                                                         |               |                                                           |  |                                                                                                                             |  |                                                            |                           |                                                                                                                                 |       | <b>9. Static Water Level</b>                               |                       |                                                      |  | <b>11. Well Is</b>            |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| Dia. (in.)                                                                            |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly    |               |                                                           |  | From (ft.)                                                                                                                  |  | To (ft.)                                                   |                           | 60 ft. below ground surface                                                                                                     |       |                                                            |                       | 12 in. above grade                                   |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| 6                                                                                     |  | NEW BLACK STEEL PLAIN END WELDED<br>ASTM A53B 18 97#PER FT SAWHILL PIPE |               |                                                           |  | Surface                                                                                                                     |  | 74                                                         |                           | <b>10. Pump Test</b>                                                                                                            |       |                                                            |                       | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| Dia. (in.)                                                                            |  | Screen type, material & slot size                                       |               |                                                           |  | From (ft.)                                                                                                                  |  | To (ft.)                                                   |                           | Pumping level 200 ft. below surface<br>Pumping at 20 GP M for 2 Hrs.<br>Pumping Method ?                                        |       |                                                            |                       | Filled & Sealed Well(s) as needed? No<br>N APP       |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| 6                                                                                     |  | NEW BLACK STEEL PLAIN END WELDED<br>ASTM A53B 18 97#PER FT SAWHILL PIPE |               |                                                           |  | Surface                                                                                                                     |  | 74                                                         |                           | Pumping level 200 ft. below surface<br>Pumping at 20 GP M for 2 Hrs.<br>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? No<br>N APP             |                       |                                                      |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| Kind of Sealing Material                                                              |  |                                                                         |               | From (ft.)                                                |  | To (ft.)                                                                                                                    |  | # Sacks Cement                                             |                           |                                                                                                                                 |       | <b>13. Constructor / Supervisory Driller</b>               |                       |                                                      |  | Lic #                         |  | Date Signed                   |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| DRILL SLURRY                                                                          |  |                                                                         |               | Surface                                                   |  | 74                                                                                                                          |  | DRILL RIG OPERATOR                                         |                           |                                                                                                                                 |       | Lic or Reg #                                               |                       | Date Signed                                          |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| DRILL RIG OPERATOR                                                                    |  |                                                                         |               | Surface                                                   |  | 74                                                                                                                          |  | TV                                                         |                           |                                                                                                                                 |       | Lic or Reg #                                               |                       | Date Signed                                          |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |
| TV                                                                                    |  |                                                                         |               | Surface                                                   |  | 74                                                                                                                          |  | TV                                                         |                           |                                                                                                                                 |       | Lic or Reg #                                               |                       | Date Signed                                          |  |                               |  |                               |  |                                |  |                                                     |  |                                                     |  |      |  |         |  |    |  |

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

| Type              | Qualifier | Distance | Type                           | Qualifier | Distance |
|-------------------|-----------|----------|--------------------------------|-----------|----------|
| Building Overhang |           | 15       | Collector Sewer - San or Storm |           | 100      |
| Clearwater Sump   |           | 35       | Foundation Drain to Clearwater |           | 17       |
|                   |           |          | Sewer - Building Sanitary      |           | 40       |

Comment:

Created On: 01-19-1999

Updated On: 11-21-2019

Review Status: