

|                                                                                    |  |                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                 |  |                            |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|-----------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|----------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------|--|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>             |  |                                                                   |  | <b>OE605</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 DEKUIPER, DAVID                                                     |  |                                                                   |  |                                                           |  | Phone # (920)564-3944                                                                                                                                                                                                                                                           |  | <b>1. Well Location</b>    |  |                                                                                                                                                                                                |  | Fire # (if avail.) |  |                                                                                                                      |  |  |  |                    |  |  |  |
| Mailing Address 638 OHIO                                                           |  |                                                                   |  |                                                           |  | Town of LIMA                                                                                                                                                                                                                                                                    |  |                            |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
| City OOSTBURG                                                                      |  |                                                                   |  |                                                           |  | State WI                                                                                                                                                                                                                                                                        |  | Zip Code 53070             |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
| County Sheboygan                                                                   |  | Co. Permit #                                                      |  | Notification #                                            |  | Completed 01-24-2001                                                                                                                                                                                                                                                            |  | Subdivision Name RIVER RUN |  |                                                                                                                                                                                                |  | Lot # 31           |  | Block #                                                                                                              |  |  |  |                    |  |  |  |
| Well Constructor (Business Name) ERWIN W FRITSCH                                   |  |                                                                   |  | Lic. # 397                                                |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                    |  |                            |  | Latitude / Longitude in Decimal Degree (DD) 43.6471 °N -87.9141 °W                                                                                                                             |  |                    |  | Method Code GCD013                                                                                                   |  |  |  |                    |  |  |  |
| Address 2337 STAHL RD<br>SHEBOYGAN WI 53081                                        |  |                                                                   |  | Well Plan Approval #                                      |  | SE SW Section Township Range<br>or Govt Lot # 30 14 N 22 E                                                                                                                                                                                                                      |  |                            |  | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>Construction Type Drilled                                           |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
|                                                                                    |  |                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                 |  |                            |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
| Hicap Permanent Well #                                                             |  | Common Well #                                                     |  | Specific Capacity 0.8                                     |  |                                                                                                                                                                                                                                                                                 |  |                            |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
| <b>3. Well serves</b> 1 # of 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                                                                                                                                                                             |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
| 10                                                                                 |  | Surface                                                           |  | 20                                                        |  |                                                                                                                                                                                                                                                                                 |  |                            |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
| 6                                                                                  |  | 20                                                                |  | 205                                                       |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit 10in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |  |                            |  | Geology Codes Type, Caving/Noncaving, Color, Hardness, etc...<br>- - C - CLAY Surface 18<br>- - S - SAND 18 32<br>- - C - CLAY 32 77<br>- - P - AHRDPAN 77 81<br>- - L - LIMESTONE ROCK 81 205 |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
|                                                                                    |  |                                                                   |  |                                                           |  | Yes No                                                                                                                                                                                                                                                                          |  |                            |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
| <b>6. Casing, Liner, Screen</b>                                                    |  |                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                 |  |                            |  |                                                                                                                                                                                                |  |                    |  | <b>9. Static Water Level</b>                                                                                         |  |  |  | <b>11. Well Is</b> |  |  |  |
| Dia. (in.)                                                                         |  | Material, Weight, Specification Manufacturer & Method of Assembly |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                      |  | To (ft.)                   |  | 28 ft. below ground surface                                                                                                                                                                    |  |                    |  | 12 in. above grade                                                                                                   |  |  |  |                    |  |  |  |
| 6                                                                                  |  | NEW BLACK STEEL PIPE T&C 19.45 .028 ASTM A-53 SAWHILL             |  |                                                           |  | Surface                                                                                                                                                                                                                                                                         |  | 81                         |  | <b>10. Pump Test</b><br>Pumping level 48 ft. below surface<br>Pumping at 16 GP M for 15 Hrs.<br>Pumping Method ?                                                                               |  |                    |  | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes                                                                 |  |  |  |                    |  |  |  |
| Dia. (in.)                                                                         |  | Screen type, material & slot size                                 |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                      |  | To (ft.)                   |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
|                                                                                    |  |                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                 |  |                            |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                                |  |                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                 |  |                            |  |                                                                                                                                                                                                |  |                    |  | <b>12. Notified Owner of need to fill &amp; seal ?</b><br>Filled & Sealed Well(s) as needed?                         |  |  |  |                    |  |  |  |
| Kind of Sealing Material                                                           |  |                                                                   |  | From (ft.)                                                |  | To (ft.)                                                                                                                                                                                                                                                                        |  | # Sacks Cement             |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
| CLAY SLURRY                                                                        |  |                                                                   |  | Surface                                                   |  | 20                                                                                                                                                                                                                                                                              |  |                            |  |                                                                                                                                                                                                |  |                    |  |                                                                                                                      |  |  |  |                    |  |  |  |
|                                                                                    |  |                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                                 |  |                            |  |                                                                                                                                                                                                |  |                    |  | <b>13. Constructor / Supervisory Driller</b> Lic # Date Signed<br>EWF<br>Drill Rig Operator Lic or Reg # Date Signed |  |  |  |                    |  |  |  |

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

| Type                      | Qualifier | Distance | Type                           | Qualifier | Distance |
|---------------------------|-----------|----------|--------------------------------|-----------|----------|
| Building Drain - Sanitary |           | 20       | Collector Sewer - San or Storm |           | 77       |
| Building Overhang         |           | 12       | Foundation Drain to Clearwater |           | 13       |
| Clearwater Sump           |           | 15       | Sewer - Building Sanitary      |           | 20       |
|                           |           |          | Ditch or Culvert               |           | 50       |

Comment:

Created On: 06-27-2001

Updated On: 10-09-2019

Review Status: