

|                                                                                                                      |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|----------|---------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|--|-------------------------------------------------------|----------------------|--------------------------------------------------------|--|----------------------------------------------------------------------------|--|--------------------|--|-------------|--|--|--|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                               |  |                                                                      |          | <b>OV779</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 BOWER, WAYNE                                                                                          |  |                                                                      |          |                                                               | Phone # (262)877-3700 |                                                                                                                                                                                                                                                                                       | <b>1. Well Location</b> |                                             |  |                                                       | Fire # (if avail.)   |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| Mailing Address 1608 SUNSET                                                                                          |  |                                                                      |          |                                                               | Town of TWIN LAKES    |                                                                                                                                                                                                                                                                                       |                         |                                             |  | Street Address or Road Name and Number<br>1608 SUNSET |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| City TWIN LAKES                                                                                                      |  |                                                                      | State WI |                                                               | Zip Code 53181        |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| County Kenosha                                                                                                       |  | Co. Permit #                                                         |          | Notification #                                                |                       | Completed 05-24-2001                                                                                                                                                                                                                                                                  |                         | Subdivision Name LAKE ELIZABETH MNR         |  |                                                       | Lot # 8<br>Block # 6 |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| Well Constructor (Business Name) DAVID FRANK GEHRING                                                                 |  |                                                                      |          | Lic. # 285                                                    |                       | Facility ID # (Public Wells)                                                                                                                                                                                                                                                          |                         | Latitude / Longitude in Decimal Degree (DD) |  |                                                       | Method Code          |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| Address 5506 353RD AVE<br>BURLINGTON WI 53105-8858                                                                   |  |                                                                      |          | Well Plan Approval #                                          |                       | Approval Date (mm-dd-yyyy)                                                                                                                                                                                                                                                            |                         | °N °W                                       |  | Township Range<br>1 N 19 E                            |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
|                                                                                                                      |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         | NW SW Section 32                            |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| Hicap Permanent Well #                                                                                               |  | Common Well #                                                        |          | Specific Capacity 10                                          |                       | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in                                                                                                                                                                                                              |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| <b>3. Well serves</b> 1 # of Private, potable<br>Heat Exchange ___ # of drillholes                                   |  | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ?            |          | Reason for replaced or reconstructed well ?<br>DOMESTIC WATER |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
|                                                                                                                      |  |                                                                      |          | Construction Type Drilled                                     |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
|                                                                                                                      |  |                                                                      |          | <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>   |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                                               |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      | <b>8. Geology</b>                                      |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| Dia. (in.)                                                                                                           |  | From (ft.)                                                           |          | To (ft.)                                                      |                       | Upper Enlarged Drillhole                                                                                                                                                                                                                                                              |                         | Lower Open Bedrock                          |  | Geology Codes                                         |                      | Type, Caving/Noncaving, Color, Hardness, etc...        |  | From (ft.)                                                                 |  | To (ft.)           |  |             |  |  |  |  |  |
| 8                                                                                                                    |  | Surface                                                              |          | 7                                                             |                       | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Yes Cable-tool Bit 5in. dia... No<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |                         | - - S - SAND<br>- - Y - SAND-GRAVEL         |  | Surface 20<br>20 33                                   |                      | 20 33                                                  |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| 5                                                                                                                    |  | 7                                                                    |          | 30                                                            |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
|                                                                                                                      |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
|                                                                                                                      |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
|                                                                                                                      |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| <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.)                                    |  | 5 ft. below ground surface                            |                      |                                                        |  | 14 in. above grade<br>Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |                    |  |             |  |  |  |  |  |
| 5                                                                                                                    |  | SAWHILL STEEL T&C ASTM A53B 15 PPF                                   |          |                                                               |                       | Surface                                                                                                                                                                                                                                                                               |                         | 30                                          |  | Pumping level 7 ft. below surface                     |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| Dia. (in.)                                                                                                           |  | Screen type, material & slot size                                    |          |                                                               |                       | From (ft.)                                                                                                                                                                                                                                                                            |                         | To (ft.)                                    |  | Pumping at 20 GP M for 2 Hrs.                         |                      |                                                        |  | Pumping Method ?                                                           |  |                    |  |             |  |  |  |  |  |
| 5                                                                                                                    |  | STAINLESS STEEL #25                                                  |          |                                                               |                       | 30                                                                                                                                                                                                                                                                                    |                         | 33                                          |  | Pumping Method ?                                      |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| <b>7. Grout or Other Sealing Material</b>                                                                            |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| Method START HOLE                                                                                                    |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      | Filled & Sealed Well(s) as needed? Yes                 |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| Kind of Sealing Material                                                                                             |  |                                                                      |          | From (ft.)                                                    |                       | To (ft.)                                                                                                                                                                                                                                                                              |                         | # Sacks Cement                              |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| GRANULAR BENTONITE                                                                                                   |  |                                                                      |          | Surface                                                       |                       | 30                                                                                                                                                                                                                                                                                    |                         | 33                                          |  |                                                       |                      |                                                        |  |                                                                            |  |                    |  |             |  |  |  |  |  |
| Method START HOLE<br>Kind of Sealing Material GRANULAR BENTONITE<br>From (ft.) Surface To (ft.) 30 # Sacks Cement 33 |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      | <b>13. Constructor / Supervisory Driller</b>           |  |                                                                            |  | Lic #              |  | Date Signed |  |  |  |  |  |
|                                                                                                                      |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      | DFG                                                    |  |                                                                            |  | 05-24-2001         |  |             |  |  |  |  |  |
|                                                                                                                      |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      | Drill Rig Operator                                     |  |                                                                            |  | Lic or Reg #       |  | Date Signed |  |  |  |  |  |
|                                                                                                                      |  |                                                                      |          |                                                               |                       |                                                                                                                                                                                                                                                                                       |                         |                                             |  |                                                       |                      | JLS                                                    |  |                                                                            |  | 05-24-2001         |  |             |  |  |  |  |  |

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

| Type                           | Qualifier | Distance | Type                           | Qualifier | Distance |
|--------------------------------|-----------|----------|--------------------------------|-----------|----------|
| Building Overhang              |           | 18       | Downspout/Yard Hydrant         |           | 14       |
| Collector Sewer - San or Storm | >         | 60       | Foundation Drain to Clearwater |           | 15       |
|                                |           |          | Sewer - Building Sanitary      |           | 40       |

Comment:

Created On: 07-13-2001

Updated On: 07-13-2001

Review Status: