

|                                                                                    |  |                                                                      |               |                            |  |                                                                                                                             |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
|------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|---------------|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|-----------------------------------------------------------|--|-------------------------------------------------|--|------------|--|--------------------|--|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>             |  |                                                                      |               | <b>RC123</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 BENZSCHAWEL, NEAL                                                   |  |                                                                      |               |                            |  | Phone # (715)669-7369                                                                                                       |  | <b>1. Well Location</b> |                                                                                                                         |                                                        |  | Fire # (if avail.)                                        |  |                                                 |  |            |  |                    |  |  |  |
| Mailing Address W10025 PINE RD                                                     |  |                                                                      |               |                            |  | Town of THORP                                                                                                               |  |                         |                                                                                                                         |                                                        |  | Street Address or Road Name and Number                    |  |                                                 |  |            |  |                    |  |  |  |
| City THORP                                                                         |  |                                                                      |               | State WI                   |  | Zip Code 54771                                                                                                              |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
| County Clark                                                                       |  | Co. Permit #                                                         |               | Notification #             |  | Completed 05-16-2003                                                                                                        |  | Subdivision Name        |                                                                                                                         |                                                        |  | Lot #                                                     |  | Block #                                         |  |            |  |                    |  |  |  |
| Well Constructor (Business Name)<br>KLINE WELL & PUMP INC                          |  |                                                                      |               | Lic. # 6010                |  | Facility ID # (Public Wells)                                                                                                |  |                         |                                                                                                                         | Latitude / Longitude in Decimal Degree (DD)            |  |                                                           |  | Method Code                                     |  |            |  |                    |  |  |  |
| Address PO BOX 176<br>LOYAL WI 54446                                               |  |                                                                      |               | Well Plan Approval #       |  |                                                                                                                             |  | °N                      |                                                                                                                         | °W                                                     |  | NW NW Section Township Range<br>or Govt Lot # 25 29 N 4 W |  |                                                 |  |            |  |                    |  |  |  |
|                                                                                    |  |                                                                      |               | Approval Date (mm-dd-yyyy) |  |                                                                                                                             |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
| Hicap Permanent Well #                                                             |  |                                                                      | Common Well # |                            |  | Specific Capacity 0.8                                                                                                       |  |                         | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ? |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
| <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                                     |  | Geology Codes                                             |  | Type, Caving/Noncaving, Color, Hardness, etc... |  | From (ft.) |  | To (ft.)           |  |  |  |
| 8.75                                                                               |  | Surface                                                              |               | 20                         |  | Rotary - Mud Circulation .....                                                                                              |  |                         |                                                                                                                         | Yes                                                    |  | - - C -                                                   |  | CLAY                                            |  | Surface    |  | 38                 |  |  |  |
| 6                                                                                  |  | 20                                                                   |               | 100                        |  | Rotary - Air .....                                                                                                          |  |                         |                                                                                                                         | Yes                                                    |  | - D Q -                                                   |  | DECOMPOSED GRANITE                              |  | 38         |  | 41                 |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  | Rotary - Air & Foam .....                                                                                                   |  |                         |                                                                                                                         |                                                        |  | - - Q -                                                   |  | GRANITE                                         |  | 41         |  | 100                |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  | Drill-Through Casing Hammer                                                                                                 |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  | Reverse Rotary                                                                                                              |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  | Cable-tool Bit ___ in. dia...                                                                                               |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  | Dual Rotary .....                                                                                                           |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  | Temp. Outer Casing ___ in. dia                                                                                              |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  | Removed? ___ depth ft. (If NO explain on back side)                                                                         |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
| <b>6. Casing, Liner, Screen</b>                                                    |  |                                                                      |               |                            |  |                                                                                                                             |  |                         |                                                                                                                         |                                                        |  |                                                           |  | <b>9. Static Water Level</b>                    |  |            |  | <b>11. Well Is</b> |  |  |  |
| Dia. (in.)                                                                         |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |               |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                |                                                                                                                         | 15 ft. below ground surface                            |  |                                                           |  | 16 in. above grade                              |  |            |  |                    |  |  |  |
| 6                                                                                  |  | 18.97 LB. NEW STEEL ASTM-A53B WELDED SAWHILL                         |               |                            |  | Surface                                                                                                                     |  | 41                      |                                                                                                                         | <b>10. Pump Test</b>                                   |  |                                                           |  | Developed ? Yes                                 |  |            |  |                    |  |  |  |
| Dia. (in.)                                                                         |  | Screen type, material & slot size                                    |               |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                |                                                                                                                         | Pumping level 25 ft. below surface                     |  |                                                           |  | Disinfected ? Yes                               |  |            |  |                    |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  |                                                                                                                             |  |                         |                                                                                                                         | Pumping at 8 GP M for 1 Hrs.                           |  |                                                           |  | Capped ? Yes                                    |  |            |  |                    |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  |                                                                                                                             |  |                         |                                                                                                                         | Pumping Method ?                                       |  |                                                           |  | Filled & Sealed Well(s) as needed?<br>NONE      |  |            |  |                    |  |  |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                                |  |                                                                      |               |                            |  |                                                                                                                             |  |                         |                                                                                                                         | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
| Kind of Sealing Material                                                           |  |                                                                      |               | From (ft.)                 |  | To (ft.)                                                                                                                    |  | # Sacks Cement          |                                                                                                                         | <b>13. Constructor / Supervisory Driller</b>           |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |
| DRILL SLURRY                                                                       |  |                                                                      |               | Surface                    |  | 20                                                                                                                          |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  | Lic #              |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  |                                                                                                                             |  |                         |                                                                                                                         | DK                                                     |  |                                                           |  | 06-17-2003                                      |  |            |  |                    |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  |                                                                                                                             |  |                         |                                                                                                                         | Drill Rig Operator                                     |  |                                                           |  | Lic or Reg #                                    |  |            |  | Date Signed        |  |  |  |
|                                                                                    |  |                                                                      |               |                            |  |                                                                                                                             |  |                         |                                                                                                                         |                                                        |  |                                                           |  |                                                 |  |            |  |                    |  |  |  |

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

| Type              | Qualifier | Distance |
|-------------------|-----------|----------|
| Building Overhang |           | 20       |

Comment:

Created On: 07-21-2003

Updated On: 07-21-2003

Review Status: