

|                                                                                               |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
|-----------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|-------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|--------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                        |  |                                                                   |  | <b>RN486</b>            |                                                           | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b> |                              |                                                           |  | <small>Form 3300-077A</small>                                                                                                                                                                                                                |                    |  |                    |  |
| Property Owner ZABEL, DOUG                                                                    |  |                                                                   |  |                         | Phone # (920)863-5049                                     |                                                                                                                             | <b>1. Well Location</b>      |                                                           |  |                                                                                                                                                                                                                                              | Fire # (if avail.) |  |                    |  |
| Mailing Address 1021 S ALLEN RD                                                               |  |                                                                   |  |                         | Town of HUMBOLDT                                          |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| City GREEN BAY                                                                                |  |                                                                   |  |                         | State WI                                                  |                                                                                                                             | Zip Code 54311               |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| County Brown                                                                                  |  | Co. Permit #                                                      |  | Notification # 20000732 |                                                           | Completed 07-01-2005                                                                                                        |                              | Subdivision Name                                          |  |                                                                                                                                                                                                                                              | Lot #              |  | Block #            |  |
| Well Constructor (Business Name) KENNETH E HEIM                                               |  |                                                                   |  |                         | Lic. # 414                                                |                                                                                                                             | Facility ID # (Public Wells) |                                                           |  | Latitude / Longitude in Decimal Degree (DD) 44.4825 °N -87.8336 °W                                                                                                                                                                           |                    |  | Method Code GCD013 |  |
| Address HEIM WELL DRILLING LLC GREEN BAY WI 54302                                             |  |                                                                   |  |                         | Well Plan Approval #                                      |                                                                                                                             |                              | SW NE Section Township Range<br>or Govt Lot # 9 23 N 22 E |  | <b>2. Well Type</b> Replacement<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>BAS CASING 5 INCH PIPE                                                                                         |                    |  |                    |  |
| 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 ? |                                                                                                                             |                              | Construction Type Drilled                                 |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                   |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                        |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Dia. (in.)                                                                                    |  | From (ft.)                                                        |  | To (ft.)                |                                                           | Upper Enlarged Drillhole                                                                                                    |                              |                                                           |  | Lower Open Bedrock                                                                                                                                                                                                                           |                    |  |                    |  |
| 10                                                                                            |  | Surface                                                           |  | 20                      |                                                           | Rotary - Mud Circulation .....                                                                                              |                              |                                                           |  | Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit 6in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |                    |  |                    |  |
| 6                                                                                             |  | 20                                                                |  | 70                      |                                                           | Yes                                                                                                                         |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| 6                                                                                             |  | 20                                                                |  | 70                      |                                                           | Yes                                                                                                                         |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| 6                                                                                             |  | 20                                                                |  | 70                      |                                                           | Yes                                                                                                                         |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| 6                                                                                             |  | 20                                                                |  | 70                      |                                                           | Yes                                                                                                                         |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| 6                                                                                             |  | 20                                                                |  | 70                      |                                                           | Yes                                                                                                                         |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| <b>6. Casing, Liner, Screen</b>                                                               |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Dia. (in.)                                                                                    |  | Material, Weight, Specification Manufacturer & Method of Assembly |  |                         |                                                           | From (ft.)                                                                                                                  |                              | To (ft.)                                                  |  | <b>8. Geology</b>                                                                                                                                                                                                                            |                    |  |                    |  |
| 6                                                                                             |  | T&C WHEATLAND TUBE 19.45#/FT ASTM A53                             |  |                         |                                                           | Surface                                                                                                                     |                              | 56                                                        |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Dia. (in.)                                                                                    |  | Screen type, material & slot size                                 |  |                         |                                                           | From (ft.)                                                                                                                  |                              | To (ft.)                                                  |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| <b>7. Grout or Other Sealing Material</b>                                                     |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Method                                                                                        |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Kind of Sealing Material                                                                      |  |                                                                   |  | From (ft.)              |                                                           | To (ft.)                                                                                                                    |                              | # Sacks Cement                                            |  | <b>9. Static Water Level</b> 15 ft. below ground surface<br><b>10. Pump Test</b> Pumping level 40 ft. below surface<br>Pumping at 20 GP M for 0.5 Hrs.<br>Pumping Method ?                                                                   |                    |  |                    |  |
| DRILL SLURRY                                                                                  |  |                                                                   |  | Surface                 |                                                           | 20                                                                                                                          |                              | 20                                                        |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| DRILL SLURRY                                                                                  |  |                                                                   |  | Surface                 |                                                           | 20                                                                                                                          |                              | 20                                                        |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| <b>11. Well Is</b> 18 in. above grade<br>Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                                        |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Filled & Sealed Well(s) as needed? Yes                                                        |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| <b>13. Constructor / Supervisory Driller</b>                                                  |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Lic # KH                                                                                      |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Date Signed 07-01-2005                                                                        |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| <b>Drill Rig Operator</b>                                                                     |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Lic or Reg #                                                                                  |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |
| Date Signed                                                                                   |  |                                                                   |  |                         |                                                           |                                                                                                                             |                              |                                                           |  |                                                                                                                                                                                                                                              |                    |  |                    |  |

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

| Type                             | Qualifier | Distance | Type                      | Qualifier | Distance |
|----------------------------------|-----------|----------|---------------------------|-----------|----------|
| Building Overhang                |           | 20       | Sewer - Building Sanitary |           | 50       |
| Septic or Holding, or POWTS Tank |           | 40       | Silo/Storage Tube         |           | 90       |
|                                  |           |          | Barn Gutter               |           | 70       |

Comment:

Created On: 08-16-2005

Updated On: 11-21-2019

Review Status: