

|                                                                                    |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
|------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|-----------------------------------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>             |  |                                                                      |  | <b>SJ799</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 LAHARE, RITA                                                        |  |                                                                      |  |                                                           |  | Phone #                                                                                                                                                                                                                                                                        |  | <b>1. Well Location</b>                                                                                                                           |  |                               |  | Fire # (if avail.)                                  |  |
| Mailing Address 26904 100TH ST                                                     |  |                                                                      |  |                                                           |  | Town of SALEM                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| City TREVOR                                                                        |  |                                                                      |  |                                                           |  | State WI                                                                                                                                                                                                                                                                       |  | Zip Code 53179                                                                                                                                    |  |                               |  |                                                     |  |
| County Kenosha                                                                     |  | Co. Permit #                                                         |  | Notification #                                            |  | Completed 10-19-2004                                                                                                                                                                                                                                                           |  | Subdivision Name                                                                                                                                  |  |                               |  | Lot # Block #                                       |  |
| Well Constructor (Business Name)<br>HOOVER WELL DRILLING CO INC                    |  |                                                                      |  | Lic. # 6448                                               |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                   |  | Latitude / Longitude in Decimal Degree (DD)<br><div style="display: flex; justify-content: space-around;"> <span>°N</span> <span>°W</span> </div> |  |                               |  | Method Code                                         |  |
| Address 4701 HAAG DR<br>UNION GROVE WI 53182                                       |  |                                                                      |  | Well Plan Approval #                                      |  | SW SE Section Township Range<br>or Govt Lot # 21 1 N 20 E                                                                                                                                                                                                                      |  | <b>2. Well Type</b> Replacement                                                                                                                   |  |                               |  | of previous unique well # ND583 constructed in 2000 |  |
| Hicap Permanent Well #                                                             |  | Common Well #                                                        |  | Specific Capacity 5                                       |  | Reason for replaced or reconstructed well ?<br>NON-COMPLYING LOCATION                                                                                                                                                                                                          |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| <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                                                                                                                                                                                                                                    |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| 9                                                                                  |  | Surface                                                              |  | 9                                                         |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| 5                                                                                  |  | 9                                                                    |  | 110                                                       |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
|                                                                                    |  |                                                                      |  |                                                           |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit 5in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |  |                                                                                                                                                   |  |                               |  |                                                     |  |
|                                                                                    |  |                                                                      |  |                                                           |  | Yes No                                                                                                                                                                                                                                                                         |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| <b>6. Casing, Liner, Screen</b>                                                    |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Dia. (in.)                                                                         |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                     |  | To (ft.)                                                                                                                                          |  |                               |  |                                                     |  |
| 5                                                                                  |  | SAWHILL STEEL T&C 19.00 PPF A53B ASTM                                |  |                                                           |  | Surface                                                                                                                                                                                                                                                                        |  | 107                                                                                                                                               |  |                               |  |                                                     |  |
| Dia. (in.)                                                                         |  | Screen type, material & slot size                                    |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                     |  | To (ft.)                                                                                                                                          |  |                               |  |                                                     |  |
| 5                                                                                  |  | TELESCOPIC SS 10 SLOT                                                |  |                                                           |  | 107                                                                                                                                                                                                                                                                            |  | 110                                                                                                                                               |  |                               |  |                                                     |  |
| <b>7. Grout or Other Sealing Material</b>                                          |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Method STARTER HOLE                                                                |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Kind of Sealing Material                                                           |  |                                                                      |  | From (ft.)                                                |  | To (ft.)                                                                                                                                                                                                                                                                       |  | # Sacks Cement                                                                                                                                    |  |                               |  |                                                     |  |
| GRANULAR BENTONITE                                                                 |  |                                                                      |  | Surface                                                   |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| <b>8. Geology</b>                                                                  |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Geology Codes                                                                      |  | Type, Caving/Noncaving, Color, Hardness, etc...                      |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                     |  | To (ft.)                                                                                                                                          |  |                               |  |                                                     |  |
| U - C -                                                                            |  | BLUE CLAY                                                            |  |                                                           |  | Surface                                                                                                                                                                                                                                                                        |  | 107                                                                                                                                               |  |                               |  |                                                     |  |
| - - S -                                                                            |  | SAND                                                                 |  |                                                           |  | 107                                                                                                                                                                                                                                                                            |  | 110                                                                                                                                               |  |                               |  |                                                     |  |
| <b>9. Static Water Level</b>                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| 10 ft. below ground surface                                                        |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| <b>10. Pump Test</b>                                                               |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Pumping level 20 ft. below surface                                                 |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Pumping at 50 GP M for 6 Hrs.                                                      |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Pumping Method ?                                                                   |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| <b>11. Well Is</b>                                                                 |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| 12 in. above grade                                                                 |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Developed ? Yes                                                                    |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Disinfected ? Yes                                                                  |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Capped ? Yes                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                             |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| Filled & Sealed Well(s) as needed? No                                              |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| DONE BY OTHERS                                                                     |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |
| <b>13. Constructor / Supervisory Driller</b>                                       |  |                                                                      |  |                                                           |  | Lic #                                                                                                                                                                                                                                                                          |  | Date Signed                                                                                                                                       |  |                               |  |                                                     |  |
| WM                                                                                 |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  | 10-20-2004                                                                                                                                        |  |                               |  |                                                     |  |
| Drill Rig Operator                                                                 |  |                                                                      |  |                                                           |  | Lic or Reg #                                                                                                                                                                                                                                                                   |  | Date Signed                                                                                                                                       |  |                               |  |                                                     |  |
|                                                                                    |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                   |  |                               |  |                                                     |  |

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

Comment:

| Variance ID | Variance or Exception Type   | Date       | Reason                                                     |
|-------------|------------------------------|------------|------------------------------------------------------------|
|             | Separation Distance Variance | 10/05/2004 | < REQUIRED 50' FROM A COLLECTOR SEWER & < 25' FROM A DITCH |

Created On: 12-10-2004

Updated On: 01-14-2005

Review Status: