

| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |               |                | <b>SU366</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 SCHROEPFER, JAKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |               |                |                                                           |  | Phone # (920)756-9254                                                                                                       |  | <b>1. Well Location</b>                                                                                                                           |  |                                                                                           |  | Fire # (if avail.)                                                                                                                                                                                                                                                              |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Mailing Address 24956 W HILLTOP RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |               |                |                                                           |  | Town of ROCKLAND                                                                                                            |  |                                                                                                                                                   |  |                                                                                           |  | 24956                                                                                                                                                                                                                                                                           |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| City BRILLION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |               |                |                                                           |  | State WI                                                                                                                    |  | Zip Code 54110                                                                                                                                    |  |                                                                                           |  | Street Address or Road Name and Number<br>W HILLTOP RD BRILLION                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| County Manitowoc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | Co. Permit #  |                | Notification #                                            |  | Completed 06-04-2006                                                                                                        |  | Subdivision Name                                                                                                                                  |  |                                                                                           |  | Lot #                                                                                                                                                                                                                                                                           |                                                                      | Block #    |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Well Constructor (Business Name)<br>STEPHEN D KEIFENHEIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |               |                | Lic. # 4225                                               |  | 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 KEIFENHEIM WELL DRLG & PUMP SERVICE<br>BRILLION WI 54110-9318                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |               |                | Well Plan Approval #                                      |  | Approval Date (mm-dd-yyyy)                                                                                                  |  | SW SW Section Township Range<br>or Govt Lot # 7 19 N 21 E                                                                                         |  | <b>2. Well Type</b> Reconstruction<br>of previous unique well # SU354 constructed in 2005 |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Hicap Permanent Well #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | Common Well # |                | Specific Capacity 0.4                                     |  | Reason for replaced or reconstructed well ?<br>SAND LAYERS IN LIMESTONE                                                     |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border: 1px solid black; padding: 5px;">           Upper Enlarged Drillhole<br/><br/>           Rotary - Mud Circulation .....<br/> <u>Yes</u> Rotary - Air ..... <u>No</u><br/>           Rotary - Air &amp; Foam .....<br/>           Drill-Through Casing Hammer<br/>           Reverse Rotary<br/>           Cable-tool Bit ___ in. dia...<br/>           Dual Rotary .....<br/>           Temp. Outer Casing ___ in. dia         </td> <td style="width: 60%; border: 1px solid black; padding: 5px;">           Lower Open Bedrock         </td> </tr> </table>                        |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  | Upper Enlarged Drillhole<br><br>Rotary - Mud Circulation .....<br><u>Yes</u> Rotary - Air ..... <u>No</u><br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia | Lower Open Bedrock                                                   |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Upper Enlarged Drillhole<br><br>Rotary - Mud Circulation .....<br><u>Yes</u> Rotary - Air ..... <u>No</u><br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia                                                                                                                                                                                                                                                                                                                                                                                                 | Lower Open Bedrock                                                   |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <b>8. Geology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Geology Codes</th> <th style="width: 50%;">Type, Caving/Noncaving, Color, Hardness, etc...</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 10%;">To (ft.)</th> </tr> <tr> <td>- - L -</td> <td>LIMESTONE</td> <td>Surface</td> <td>180</td> </tr> <tr> <td>G - C P</td> <td>GRAY CLAY C HARDPAN</td> <td>180</td> <td>191</td> </tr> <tr> <td>- - L -</td> <td>GRAVEL LIMESTONE</td> <td>191</td> <td>193</td> </tr> </table>                                                                                                                                                |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  | Geology Codes                                                                                                                                                                                                                                                                   | Type, Caving/Noncaving, Color, Hardness, etc...                      | From (ft.) | To (ft.)       | - - L - | LIMESTONE                                       | Surface | 180 | G - C P    | GRAY CLAY C HARDPAN               | 180        | 191      | - - L - | GRAVEL LIMESTONE | 191 | 193 |
| Geology Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Type, Caving/Noncaving, Color, Hardness, etc...                      | From (ft.)    | To (ft.)       |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| - - L -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LIMESTONE                                                            | Surface       | 180            |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| G - C P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GRAY CLAY C HARDPAN                                                  | 180           | 191            |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| - - L -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GRAVEL LIMESTONE                                                     | 191           | 193            |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <b>6. Casing, Liner, Screen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Removed? ___ depth ft. (If NO explain on back side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Dia. (in.)</th> <th style="width: 40%;">Material, Weight, Specification<br/>Manufacturer &amp; Method of Assembly</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 10%;">To (ft.)</th> </tr> <tr> <td>5</td> <td>STEEL PE ASTM A53-B WELDED WHEATLAND STEEL CORP</td> <td>Surface</td> <td>193</td> </tr> <tr> <th style="width: 10%;">Dia. (in.)</th> <th style="width: 40%;">Screen type, material &amp; slot size</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 10%;">To (ft.)</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  | Dia. (in.)                                                                                                                                                                                                                                                                      | Material, Weight, Specification<br>Manufacturer & Method of Assembly | From (ft.) | To (ft.)       | 5       | STEEL PE ASTM A53-B WELDED WHEATLAND STEEL CORP | Surface | 193 | Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |         |                  |     |     |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Material, Weight, Specification<br>Manufacturer & Method of Assembly | From (ft.)    | To (ft.)       |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STEEL PE ASTM A53-B WELDED WHEATLAND STEEL CORP                      | Surface       | 193            |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Screen type, material & slot size                                    | From (ft.)    | To (ft.)       |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <b>9. Static Water Level</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| 45 ft. below ground surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <b>10. Pump Test</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Pumping level 80 ft. below surface<br>Pumping at 15 GP M for 2 Hrs.<br>Pumping Method ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <b>11. Well Is</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| 14 in. above grade<br>Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <b>7. Grout or Other Sealing Material</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Kind of Sealing Material</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 10%;">To (ft.)</th> <th style="width: 10%;"># Sacks Cement</th> </tr> <tr> <td> </td> <td>Surface</td> <td> </td> <td> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                         |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  | Kind of Sealing Material                                                                                                                                                                                                                                                        | From (ft.)                                                           | To (ft.)   | # Sacks Cement |         | Surface                                         |         |     |            |                                   |            |          |         |                  |     |     |
| Kind of Sealing Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | From (ft.)                                                           | To (ft.)      | # Sacks Cement |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Surface                                                              |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Filled & Sealed Well(s) as needed? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <b>13. Constructor / Supervisory Driller</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| SDK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| Date Signed 06-06-2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |               |                |                                                           |  |                                                                                                                             |  |                                                                                                                                                   |  |                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                      |            |                |         |                                                 |         |     |            |                                   |            |          |         |                  |     |     |
| <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 |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 98       | Foundation Drain to Clearwater   |           | 10       |
| Building Overhang                                         |           | 10       | Septic or Holding, or POWTS Tank |           | 40       |

Comment: LIZ HEINEN APPROVED NO EXTRA PERMIT

Created On: 12-11-2006

Updated On: 01-04-2007

Review Status: