

|                                                                        |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
|------------------------------------------------------------------------|--|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                   |                                                              | <b>SV524</b>                 |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b> |  |                           |                     | Form 3300-077A                                                                                                                                     |  |                                                         |  |             |  |
| Property Owner SALEK, CARL                                             |  |                                                                   |                                                              |                              |  | Phone # (608)634-3328                                                                                                       |  | <b>1. Well Location</b>   |                     |                                                                                                                                                    |  | Fire # (if avail.)                                      |  |             |  |
| Mailing Address W588 CO RD P                                           |  |                                                                   |                                                              |                              |  | Town of WASHINGTON                                                                                                          |  |                           |                     |                                                                                                                                                    |  | W588                                                    |  |             |  |
| City WESTBY                                                            |  |                                                                   |                                                              |                              |  | State WI                                                                                                                    |  | Zip Code 54667            |                     |                                                                                                                                                    |  | Street Address or Road Name and Number<br>W588 CO HWY P |  |             |  |
| County La Crosse                                                       |  | Co. Permit # 4334                                                 |                                                              | Notification # 27298067      |  | Completed 10-22-2007                                                                                                        |  | Subdivision Name          |                     |                                                                                                                                                    |  | Lot #                                                   |  | Block #     |  |
| Well Constructor (Business Name)<br>NORMAN HOLLER                      |  |                                                                   |                                                              | Lic. # 252                   |  | Facility ID # (Public Wells)                                                                                                |  |                           |                     | Latitude / Longitude in Decimal Degree (DD)<br><div style="display: flex; justify-content: space-between;"> <span>°N</span> <span>°W</span> </div> |  |                                                         |  | Method Code |  |
| Address HOLLER PLBG & WELL DRLG<br>LA CROSSE WI 54601                  |  |                                                                   |                                                              | Well Plan Approval #         |  | NE NW                                                                                                                       |  | Section 35                |                     | Township 15 N                                                                                                                                      |  | Range 5 W                                               |  |             |  |
|                                                                        |  |                                                                   |                                                              |                              |  | or Govt Lot #                                                                                                               |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Approval Date (mm-dd-yyyy)                                             |  |                                                                   |                                                              | <b>2. Well Type</b> New Well |  | of previous unique well # constructed in                                                                                    |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                     |                                                              | Specific Capacity 2.4        |  | Reason for replaced or reconstructed well ?                                                                                 |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| <b>3. Well serves</b> 1 # of Private, potable                          |  |                                                                   |                                                              |                              |  | Hicap Well ? No                                                                                                             |  | Construction Type Drilled |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                   |                                                              |                              |  | Hicap Property ? No                                                                                                         |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Hicap Potable ?                                                        |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| <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                  |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| 8.5 Surface 78                                                         |  |                                                                   | Rotary - Mud Circulation .....                               |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| 6 78 80                                                                |  |                                                                   | Rotary - Air .....                                           |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| 6 82 110                                                               |  |                                                                   | Rotary - Air & Foam .....                                    |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
|                                                                        |  |                                                                   | Drill-Through Casing Hammer                                  |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
|                                                                        |  |                                                                   | Reverse Rotary                                               |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
|                                                                        |  |                                                                   | <u>Yes</u> Cable-tool Bit 8in. dia... <u>Yes</u>             |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
|                                                                        |  |                                                                   | Dual Rotary .....                                            |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
|                                                                        |  |                                                                   | <u>Yes</u> Temp. Outer Casing 8in. dia                       |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
|                                                                        |  |                                                                   | <u>Yes</u> Removed? 21depth ft. (If NO explain on back side) |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| <b>8. Geology</b>                                                      |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Geology Codes                                                          |  |                                                                   | Type, Caving/Noncaving, Color, Hardness, etc...              |                              |  |                                                                                                                             |  |                           | From (ft.) To (ft.) |                                                                                                                                                    |  |                                                         |  |             |  |
| - - C -                                                                |  |                                                                   | CLAY                                                         |                              |  |                                                                                                                             |  |                           | Surface 15          |                                                                                                                                                    |  |                                                         |  |             |  |
| - - G -                                                                |  |                                                                   | ROCK, OPEN LEDGE                                             |                              |  |                                                                                                                             |  |                           | 15 23               |                                                                                                                                                    |  |                                                         |  |             |  |
| - - H -                                                                |  |                                                                   | SHALE ROCK                                                   |                              |  |                                                                                                                             |  |                           | 23 73               |                                                                                                                                                    |  |                                                         |  |             |  |
| - B N -                                                                |  |                                                                   | BROKEN ROCK                                                  |                              |  |                                                                                                                             |  |                           | 73 78               |                                                                                                                                                    |  |                                                         |  |             |  |
| - - N -                                                                |  |                                                                   | SAND ROCK                                                    |                              |  |                                                                                                                             |  |                           | 78 110              |                                                                                                                                                    |  |                                                         |  |             |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification Manufacturer & Method of Assembly |                                                              |                              |  | From (ft.)                                                                                                                  |  | To (ft.)                  |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| 6                                                                      |  | BLACK PLAIN END AMT A53 WHEELING                                  |                                                              |                              |  | Surface                                                                                                                     |  | 80                        |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                 |                                                              |                              |  | From (ft.)                                                                                                                  |  | To (ft.)                  |                     |                                                                                                                                                    |  |                                                         |  |             |  |
|                                                                        |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Method TREMIE PIPE PUMP                                                |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Kind of Sealing Material                                               |  |                                                                   |                                                              | From (ft.)                   |  | To (ft.)                                                                                                                    |  | # Sacks Cement            |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| CEMENT                                                                 |  |                                                                   |                                                              | Surface                      |  | 78                                                                                                                          |  | 42 S                      |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| <b>9. Static Water Level</b>                                           |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| 20 ft. below ground surface                                            |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| <b>10. Pump Test</b>                                                   |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Pumping level 25 ft. below surface                                     |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Pumping at 12 GP M for 10 Hrs.                                         |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Pumping Method ?                                                       |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| <b>11. Well Is</b>                                                     |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| 22 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?                                     |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                   |                                                              |                              |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Lic #                                                                  |  |                                                                   |                                                              | Date Signed                  |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| NH                                                                     |  |                                                                   |                                                              | 11-08-2007                   |  |                                                                                                                             |  |                           |                     |                                                                                                                                                    |  |                                                         |  |             |  |
| Drill Rig Operator                                                     |  |                                                                   |                                                              | 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) |           | 110      | Foundation Drain to Clearwater   |           | 40       |
| Building Drain - Sanitary                                 |           | 40       | Foundation Drain to Sewer        |           | 40       |
| Building Overhang                                         |           | 12       | Sewer - Building Sanitary        |           | 100      |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 102      |

Comment:

Created On: 08-05-2008

Updated On: 08-13-2008

Review Status: