

|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                         |  |                                                                      |  |                                                         |  |                                                        |  |                                                 |  |                 |  |             |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|----------------------------------------------------------------------|--|---------------------------------------------------------|--|--------------------------------------------------------|--|-------------------------------------------------|--|-----------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>TN580</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 JOHNSON, MICHAEL                                        |  |                                                                      |  |                            |  | Phone #                                                                                                                     |  | <b>1. Well Location</b> |  |                                                                      |  | Fire # (if avail.)                                      |  |                                                        |  |                                                 |  |                 |  |             |  |
| Mailing Address 16196 S MORNINGSIDE                                    |  |                                                                      |  |                            |  | Town of WASCOTT                                                                                                             |  |                         |  |                                                                      |  | 16196                                                   |  |                                                        |  |                                                 |  |                 |  |             |  |
| City WASCOTT                                                           |  |                                                                      |  |                            |  | State WI                                                                                                                    |  | Zip Code 54890          |  |                                                                      |  | Street Address or Road Name and Number<br>S MORNINGSIDE |  |                                                        |  |                                                 |  |                 |  |             |  |
| County Douglas                                                         |  | Co. Permit #                                                         |  | Notification # 23037829    |  | Completed 08-31-2006                                                                                                        |  | Subdivision Name        |  |                                                                      |  | Lot #                                                   |  | Block #                                                |  |                                                 |  |                 |  |             |  |
| Well Constructor (Business Name)<br>JOHN H HOYER                       |  |                                                                      |  | Lic. # 5747                |  | Facility ID # (Public Wells)                                                                                                |  |                         |  | Latitude / Longitude in Decimal Degree (DD)<br>46.1812 °N -91.955 °W |  |                                                         |  | Method Code<br>GCD013                                  |  |                                                 |  |                 |  |             |  |
| Address 7505 E FLOWAGE RD<br>MINONG WI 54859                           |  |                                                                      |  | Well Plan Approval #       |  | NE NW                                                                                                                       |  | Section 26              |  | Township 43 N                                                        |  | Range 13 W                                              |  | or Govt Lot #                                          |  |                                                 |  |                 |  |             |  |
| Hicap Permanent Well #                                                 |  |                                                                      |  | Common Well #              |  | Specific Capacity<br>1                                                                                                      |  |                         |  | <b>2. Well Type</b> New Well                                         |  |                                                         |  |                                                        |  |                                                 |  |                 |  |             |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  | Hicap Well ? No            |  | Hicap Property ?                                                                                                            |  |                         |  | Reason for replaced or reconstructed well ?                          |  |                                                         |  |                                                        |  |                                                 |  |                 |  |             |  |
| Private, potable                                                       |  |                                                                      |  | Hicap Potable ?            |  | Construction Type Drilled                                                                                                   |  |                         |  | of previous unique well # constructed in                             |  |                                                         |  |                                                        |  |                                                 |  |                 |  |             |  |
| <b>3. Well serves</b> 1 # of                                           |  |                                                                      |  |                            |  |                                                                                                                             |  |                         |  |                                                                      |  |                                                         |  | Hicap Well ? No                                        |  | Hicap Property ?                                |  | Hicap Potable ? |  |             |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                      |  |                            |  |                                                                                                                             |  |                         |  |                                                                      |  |                                                         |  | <b>5. Drillhole Dimensions and Construction Method</b> |  | <b>8. Geology</b>                               |  |                 |  |             |  |
| Dia. (in.)                                                             |  | From (ft.)                                                           |  | To (ft.)                   |  | Upper Enlarged Drillhole                                                                                                    |  |                         |  | Lower Open Bedrock                                                   |  |                                                         |  | Geology Codes                                          |  | Type, Caving/Noncaving, Color, Hardness, etc... |  | From (ft.)      |  | To (ft.)    |  |
| 8                                                                      |  | Surface                                                              |  | 14                         |  | Rotary - Mud Circulation .....                                                                                              |  |                         |  | Rotary - Air .....                                                   |  |                                                         |  | - - S -                                                |  | SAND                                            |  | Surface         |  | 120         |  |
| 4                                                                      |  | 14                                                                   |  | 194                        |  | Rotary - Air & Foam .....                                                                                                   |  |                         |  | Drill-Through Casing Hammer                                          |  |                                                         |  | - - C G                                                |  | CLAY & ROCK                                     |  | 120             |  | 190         |  |
| Reverse Rotary                                                         |  | Yes                                                                  |  | Cable-tool Bit 4in. dia... |  | No                                                                                                                          |  |                         |  | Dual Rotary .....                                                    |  |                                                         |  | - - S G                                                |  | SAND & ROCK                                     |  | 190             |  | 194         |  |
| Yes                                                                    |  | Temp. Outer Casing 8in. dia                                          |  | Yes                        |  | Removed? 14depth ft. (If NO explain on back side)                                                                           |  |                         |  | <b>6. Casing, Liner, Screen</b>                                      |  |                                                         |  |                                                        |  |                                                 |  |                 |  |             |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                |  | <b>9. Static Water Level</b>                                         |  |                                                         |  |                                                        |  | <b>11. Well Is</b>                              |  |                 |  |             |  |
| 4                                                                      |  | IPSCO STEEL ASTM 53 T&C 11.00 LBS OPEN BOTTOM                        |  |                            |  | Surface                                                                                                                     |  | 194                     |  | 30 ft. below ground surface                                          |  |                                                         |  |                                                        |  | 12 in. above grade                              |  |                 |  |             |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                |  | <b>10. Pump Test</b>                                                 |  |                                                         |  |                                                        |  | Developed ? Yes                                 |  |                 |  |             |  |
| Pumping level 40 ft. below surface                                     |  | Pumping at 10 GP M for 2 Hrs.                                        |  |                            |  | Pumping Method ?                                                                                                            |  | Disinfected ? Yes       |  |                                                                      |  |                                                         |  | Capped ? Yes                                           |  |                                                 |  |                 |  |             |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                            |  |                                                                                                                             |  |                         |  | <b>12. Notified Owner of need to fill &amp; seal ?</b>               |  |                                                         |  |                                                        |  |                                                 |  |                 |  |             |  |
| Method                                                                 |  |                                                                      |  |                            |  |                                                                                                                             |  |                         |  | Filled & Sealed Well(s) as needed?                                   |  |                                                         |  |                                                        |  |                                                 |  |                 |  |             |  |
| Kind of Sealing Material                                               |  |                                                                      |  | From (ft.)                 |  | To (ft.)                                                                                                                    |  | # Sacks Cement          |  | <b>13. Constructor / Supervisory Driller</b>                         |  |                                                         |  |                                                        |  | Lic #                                           |  | Date Signed     |  |             |  |
| CLAY                                                                   |  |                                                                      |  | Surface                    |  | 14                                                                                                                          |  | JH                      |  |                                                                      |  |                                                         |  | 08-31-2006                                             |  | 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 |
|---------------------------|-----------|----------|---------------------------|-----------|----------|
| Building Overhang         |           | 20       | Shoreline/Pool            | >         | 100      |
| Foundation Drain to Sewer | >         | 50       | Sewer - Building Sanitary |           | 50       |

Comment:

Created On: 10-04-2006

Updated On: 06-25-2020

Review Status: