

| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |            |                         | <b>TU509</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 AMAN, TIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |            |                         |              |  | Phone # (612)854-3738                                                                                                       |  | <b>1. Well Location</b>                     |  |                                             |  | Fire # (if avail.)                     |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Mailing Address 1938 E 87TH ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |            |                         |              |  | Town of SUGAR CAMP                                                                                                          |  |                                             |  |                                             |  | 4958                                   |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| City BLOOMINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |            |                         |              |  | State MN                                                                                                                    |  | Zip Code 55425                              |  |                                             |  | Street Address or Road Name and Number |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| County Oneida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |            |                         |              |  | Co. Permit #                                                                                                                |  | Notification # 19779505                     |  | Completed 07-21-2005                        |  | HWY D                                  |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Well Constructor (Business Name) KLISS QUIK SERVICE INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |            |                         |              |  | Lic. # 6341                                                                                                                 |  | Facility ID # (Public Wells)                |  | Latitude / Longitude in Decimal Degree (DD) |  | Method Code                            |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Address 1030 HWY 45 S<br>EAGLE RIVER WI 54521                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |            |                         |              |  | Well Plan Approval #                                                                                                        |  | Approval Date (mm-dd-yyyy)                  |  | SE SE Section Township Range                |  | °N °W                                  |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  | or Govt Lot # 17                            |  | 39 N 9 E                               |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Hicap Permanent Well #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |            |                         |              |  | Common Well #                                                                                                               |  | Specific Capacity                           |  | <b>2. Well Type</b> New Well                |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>3. Well serves</b> 1 # of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |            |                         |              |  | Hicap Well ? No                                                                                                             |  | of previous unique well # constructed in    |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Private, potable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |            |                         |              |  | Hicap Property ? No                                                                                                         |  | Reason for replaced or reconstructed well ? |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Heat Exchange ___ # of drillholes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |            |                         |              |  | Hicap Potable ?                                                                                                             |  | Construction Type Driven Point              |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Upper Enlarged Drillhole</th> <th style="width: 45%;">Lower Open Bedrock</th> </tr> <tr> <td><u>No</u> Rotary - Mud Circulation .....</td> <td><u>No</u></td> </tr> <tr> <td><u>No</u> Rotary - Air .....</td> <td><u>No</u></td> </tr> <tr> <td><u>No</u> Rotary - Air &amp; Foam .....</td> <td><u>No</u></td> </tr> <tr> <td><u>No</u> Drill-Through Casing Hammer</td> <td></td> </tr> <tr> <td><u>No</u> Reverse Rotary</td> <td></td> </tr> <tr> <td><u>No</u> Cable-tool Bit ___ in. dia...</td> <td><u>No</u></td> </tr> <tr> <td><u>No</u> Dual Rotary .....</td> <td></td> </tr> <tr> <td><u>No</u> Temp. Outer Casing ___ in. dia</td> <td></td> </tr> </table>                   |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  | Upper Enlarged Drillhole | Lower Open Bedrock                                                | <u>No</u> Rotary - Mud Circulation ..... | <u>No</u> | <u>No</u> Rotary - Air ..... | <u>No</u>             | <u>No</u> Rotary - Air & Foam ..... | <u>No</u> | <u>No</u> Drill-Through Casing Hammer |                      | <u>No</u> Reverse Rotary |    | <u>No</u> Cable-tool Bit ___ in. dia...   | <u>No</u> | <u>No</u> Dual Rotary ..... |  | <u>No</u> Temp. Outer Casing ___ in. dia |  |  |  |                          |  |            |                         |  |  |         |  |
| Upper Enlarged Drillhole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lower Open Bedrock                                                |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <u>No</u> Rotary - Mud Circulation .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>No</u>                                                         |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <u>No</u> Rotary - Air .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>No</u>                                                         |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <u>No</u> Rotary - Air & Foam .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>No</u>                                                         |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <u>No</u> Drill-Through Casing Hammer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <u>No</u> Reverse Rotary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <u>No</u> Cable-tool Bit ___ in. dia...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>No</u>                                                         |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <u>No</u> Dual Rotary .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <u>No</u> Temp. Outer Casing ___ in. dia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>8. Geology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Geology Codes</th> <th style="width: 45%;">Type, Caving/Noncaving, Color, Hardness, etc...</th> <th style="width: 15%;">From (ft.)</th> <th style="width: 25%;">To (ft.)</th> </tr> <tr> <td>- - S -</td> <td>Sand</td> <td>Surface</td> <td>46</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  | Geology Codes            | Type, Caving/Noncaving, Color, Hardness, etc...                   | From (ft.)                               | To (ft.)  | - - S -                      | Sand                  | Surface                             | 46        |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Geology Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Type, Caving/Noncaving, Color, Hardness, etc...                   | From (ft.) | To (ft.)                |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| - - S -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sand                                                              | Surface    | 46                      |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>6. Casing, Liner, Screen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Dia. (in.)</th> <th style="width: 40%;">Material, Weight, Specification Manufacturer &amp; Method of Assembly</th> <th style="width: 15%;">From (ft.)</th> <th style="width: 35%;">To (ft.)</th> </tr> <tr> <td>2</td> <td>WHITEWATER DW PITLESS</td> <td>Surface</td> <td>5</td> </tr> <tr> <td>2</td> <td>2 IN. R&amp;D ASTM 589-F</td> <td>5</td> <td>42</td> </tr> <tr> <td colspan="4"> <b>7. Grout or Other Sealing Material</b> </td> </tr> <tr> <td colspan="4">         Method       </td> </tr> <tr> <td colspan="2">Kind of Sealing Material</td> <td>From (ft.)</td> <td>To (ft.) # Sacks Cement</td> </tr> <tr> <td colspan="2"></td> <td>Surface</td> <td></td> </tr> </table> |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  | Dia. (in.)               | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.)                               | To (ft.)  | 2                            | WHITEWATER DW PITLESS | Surface                             | 5         | 2                                     | 2 IN. R&D ASTM 589-F | 5                        | 42 | <b>7. Grout or Other Sealing Material</b> |           |                             |  | Method                                   |  |  |  | Kind of Sealing Material |  | From (ft.) | To (ft.) # Sacks Cement |  |  | Surface |  |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.)                |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | WHITEWATER DW PITLESS                                             | Surface    | 5                       |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2 IN. R&D ASTM 589-F                                              | 5          | 42                      |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>7. Grout or Other Sealing Material</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Kind of Sealing Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | From (ft.) | To (ft.) # Sacks Cement |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | Surface    |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>9. Static Water Level</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| 32 ft. below ground surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>10. Pump Test</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Pumping level 32 ft. below surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Pumping at 7 GP M for 1 Hrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Pumping Method ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>11. Well Is</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| 12 in. above grade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Developed ? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Disinfected ? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Capped ? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Filled & Sealed Well(s) as needed? NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| NO EXISTING WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>13. Constructor / Supervisory Driller</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Lic # Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| LRK 07-21-2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| <b>Drill Rig Operator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |
| Lic or Reg # Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |            |                         |              |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |                          |                                                                   |                                          |           |                              |                       |                                     |           |                                       |                      |                          |    |                                           |           |                             |  |                                          |  |  |  |                          |  |            |                         |  |  |         |  |

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

| Type                                                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 160      | Shoreline/Pool                   |           | 80       |
| Building Drain - Sanitary                                 |           | 10       | Sewer - Building Sanitary        |           | 25       |
| Building Overhang                                         |           | 6        | Septic or Holding, or POWTS Tank |           | 30       |

Comment:

Created On: 10-10-2005

Updated On: 10-11-2005

Review Status: APPROVED