

|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|---------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|--------------------------------------------------------|--|-------------------------------------------------|--|--------------------|--|-------------|--|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                |  |                                                                      |  | <b>UO915</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 DRAEGER, CHERYL                                                        |  |                                                                      |  |                                                           |  | Phone #                                                                                                                                                                                                                                                                               |  | <b>1. Well Location</b> |  |                                                                                                                                            |  | Fire # (if avail.) |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| Mailing Address 2621 HIBBARD                                                          |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  | Town of CAMPBELL        |  |                                                                                                                                            |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| City LA CROSSE                                                                        |  |                                                                      |  |                                                           |  | State WI                                                                                                                                                                                                                                                                              |  | Zip Code 54603          |  |                                                                                                                                            |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| County La Crosse                                                                      |  | Co. Permit # 29162                                                   |  | Notification # 30369014                                   |  | Completed 08-15-2008                                                                                                                                                                                                                                                                  |  | Subdivision Name        |  |                                                                                                                                            |  | Lot #              |  | Block #                                                |  |                                                 |  |                    |  |             |  |  |  |
| Well Constructor (Business Name)<br>RANDY C STUHR                                     |  |                                                                      |  | Lic. # 58                                                 |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                          |  |                         |  | Latitude / Longitude in Decimal Degree (DD)<br>43.8671 °N -91.2688 °W                                                                      |  |                    |  | Method Code<br>GCD013                                  |  |                                                 |  |                    |  |             |  |  |  |
| Address MEDARY DRILLING CO<br>HOLMEN WI 54636                                         |  |                                                                      |  | Well Plan Approval #                                      |  | NW NW Section Township Range<br>or Govt Lot # 18 16 N 7 W                                                                                                                                                                                                                             |  |                         |  | <b>2. Well Type</b> Replacement<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>WATER SUPPLY |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|                                                                                       |  |                                                                      |  |                                                           |  | Approval Date (mm-dd-yyyy)                                                                                                                                                                                                                                                            |  |                         |  |                                                                                                                                            |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| Hicap Permanent Well #                                                                |  | Common Well #                                                        |  | Specific Capacity<br>0.6                                  |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| <b>3. Well serves</b> 1 # of<br>Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                      |  | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ? |  |                                                                                                                                                                                                                                                                                       |  |                         |  | Construction Type Drilled                                                                                                                  |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                           |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  | <b>8. Geology</b>                                      |  |                                                 |  |                    |  |             |  |  |  |
| Dia. (in.)                                                                            |  | From (ft.)                                                           |  | To (ft.)                                                  |  | Upper Enlarged Drillhole                                                                                                                                                                                                                                                              |  |                         |  | Lower Open Bedrock                                                                                                                         |  |                    |  | Geology Codes                                          |  | Type, Caving/Noncaving, Color, Hardness, etc... |  | From (ft.)         |  | To (ft.)    |  |  |  |
| 4                                                                                     |  | Surface                                                              |  | 66                                                        |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Yes Cable-tool Bit 4in. dia... No<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |  |                         |  |                                                                                                                                            |  |                    |  | - - Y -                                                |  | SAND & GRAVEL                                   |  | Surface            |  | 66          |  |  |  |
| <b>6. Casing, Liner, Screen</b>                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  | <b>9. Static Water Level</b>                           |  |                                                 |  | <b>11. Well Is</b> |  |             |  |  |  |
| Dia. (in.)                                                                            |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                            |  | To (ft.)                |  | 34 ft. below ground surface                                                                                                                |  |                    |  | 12 in. above grade                                     |  |                                                 |  |                    |  |             |  |  |  |
| 4                                                                                     |  | ASTM A53 T&C 237 WALL 11.00 #/FT IPSCO PIPE                          |  |                                                           |  | Surface                                                                                                                                                                                                                                                                               |  | 63                      |  | <b>10. Pump Test</b>                                                                                                                       |  |                    |  | Developed ? Yes                                        |  |                                                 |  |                    |  |             |  |  |  |
| Dia. (in.)                                                                            |  | Screen type, material & slot size                                    |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                            |  | To (ft.)                |  | Pumping level 51 ft. below surface                                                                                                         |  |                    |  | Disinfected ? Yes                                      |  |                                                 |  |                    |  |             |  |  |  |
| 3                                                                                     |  | STAINLESS STEEL 10 SLOT                                              |  |                                                           |  | 63                                                                                                                                                                                                                                                                                    |  | 66                      |  | Pumping at 10 GP for 2 Hrs.                                                                                                                |  |                    |  | Capped ? Yes                                           |  |                                                 |  |                    |  |             |  |  |  |
|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  | Pumping Method ?                                                                                                                           |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                                   |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |                                                 |  |                    |  |             |  |  |  |
| Kind of Sealing Material                                                              |  |                                                                      |  | From (ft.)                                                |  | To (ft.)                                                                                                                                                                                                                                                                              |  | # Sacks Cement          |  | Filled & Sealed Well(s) as needed? Yes                                                                                                     |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| NATIVE MATERIAL                                                                       |  |                                                                      |  | Surface                                                   |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  | <b>13. Constructor / Supervisory Driller</b>           |  |                                                 |  | Lic #              |  | Date Signed |  |  |  |
|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  | RCS                                                    |  |                                                 |  |                    |  | 08-26-2008  |  |  |  |
|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  | Drill Rig Operator                                     |  |                                                 |  | Lic or Reg #       |  | Date Signed |  |  |  |
|                                                                                       |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                       |  |                         |  |                                                                                                                                            |  |                    |  | MI                                                     |  |                                                 |  |                    |  |             |  |  |  |

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

| Type                      | Qualifier | Distance | Type                           | Qualifier | Distance |
|---------------------------|-----------|----------|--------------------------------|-----------|----------|
| Building Drain - Sanitary |           | 20       | Collector Sewer - San or Storm |           | 60       |
| Building Overhang         |           | 8        | Sewer - Building Sanitary      |           | 20       |

Comment:

Created On: 09-29-2008

Updated On: 04-30-2020

Review Status: