

|                                                                        |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|--------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------|--|---------------------------------------------------------------------------|---------------------------|----------------------------------|--|---------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>US213</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>                                             |                           |                                  |  |                           |  |
| <b>Property Owner</b> SMITH, CHARLES                                   |  |                                                                      |  |                                                        | <b>Phone #</b>         |                                                                                                                             | <b>1. Well Location</b>     |                                                    |  |                                                                           | <b>Fire # (if avail.)</b> |                                  |  |                           |  |
| <b>Mailing Address</b> 1114 N PRAIRIE AVE                              |  |                                                                      |  |                                                        | <b>Town of LINCOLN</b> |                                                                                                                             |                             |                                                    |  | <b>2057</b>                                                               |                           |                                  |  |                           |  |
| <b>City</b> FAIRMONT                                                   |  |                                                                      |  | <b>State</b> MN                                        |                        | <b>Zip Code</b> 56031                                                                                                       |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>County</b> Adams                                                    |  | <b>Co. Permit #</b>                                                  |  | <b>Notification #</b> 30359845                         |                        |                                                                                                                             | <b>Completed</b> 08-20-2008 |                                                    |  | <b>Subdivision Name</b>                                                   |                           | <b>Lot #</b>                     |  | <b>Block #</b>            |  |
| <b>Well Constructor (Business Name)</b> DAVID S FOSTER                 |  |                                                                      |  | <b>Lic. #</b> 77                                       |                        | <b>Facility ID # (Public Wells)</b>                                                                                         |                             |                                                    |  | <b>Latitude / Longitude in Decimal Degree (DD)</b> 43.9577 °N -89.6705 °W |                           |                                  |  | <b>Method Code</b> GCD013 |  |
| <b>Address</b> 2522 STATE RD 13<br>ADAMS WI 53910-9739                 |  |                                                                      |  | <b>Well Plan Approval #</b>                            |                        |                                                                                                                             |                             | <b>NW SE</b>                                       |  | <b>Section</b> 9                                                          |                           | <b>Township</b> 17 N             |  | <b>Range</b> 7 E          |  |
| <b>Hicap Permanent Well #</b>                                          |  |                                                                      |  | <b>Common Well #</b>                                   |                        | <b>Specific Capacity</b> 0.5                                                                                                |                             |                                                    |  | <b>2. Well Type</b> Replacement                                           |                           |                                  |  |                           |  |
| <b>3. Well serves</b> 1 # of Private, potable                          |  |                                                                      |  | <b>Hicap Well ?</b> No                                 |                        |                                                                                                                             |                             | <b>of previous unique well #</b>                   |  |                                                                           |                           | <b>constructed in</b>            |  |                           |  |
| <b>Heat Exchange</b> ___ # of drillholes                               |  |                                                                      |  | <b>Hicap Property ?</b> No                             |                        |                                                                                                                             |                             | <b>Reason for replaced or reconstructed well ?</b> |  |                                                                           |                           | <b>Construction Type</b> Drilled |  |                           |  |
| <b>Hicap Potable ?</b>                                                 |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                 |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>Dia. (in.)</b> 8                                                    |  | <b>From (ft.)</b> Surface                                            |  | <b>To (ft.)</b> 61                                     |                        | <b>Upper Enlarged Drillhole</b>                                                                                             |                             |                                                    |  | <b>Lower Open Bedrock</b>                                                 |                           |                                  |  |                           |  |
| <b>Yes</b>                                                             |  | Rotary - Mud Circulation .....                                       |  |                                                        |                        | <b>No</b>                                                                                                                   |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  | Rotary - Air .....                                                   |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  | Rotary - Air & Foam .....                                            |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  | Drill-Through Casing Hammer                                          |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  | Reverse Rotary                                                       |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  | Cable-tool Bit ___ in. dia...                                        |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  | Dual Rotary .....                                                    |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  | Temp. Outer Casing ___ in. dia                                       |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  | Removed? ___ depth ft. (If NO explain on back side)                  |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>8. Geology</b>                                                      |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>Geology Codes</b>                                                   |  |                                                                      |  | <b>Type, Caving/Noncaving, Color, Hardness, etc...</b> |                        |                                                                                                                             |                             | <b>From (ft.)</b>                                  |  | <b>To (ft.)</b>                                                           |                           |                                  |  |                           |  |
| - N S -                                                                |  |                                                                      |  | FINE SAND                                              |                        |                                                                                                                             |                             | Surface                                            |  | 28                                                                        |                           |                                  |  |                           |  |
| - - X -                                                                |  |                                                                      |  | CLAY & SAND MIX                                        |                        |                                                                                                                             |                             | 28                                                 |  | 32                                                                        |                           |                                  |  |                           |  |
| - A Y -                                                                |  |                                                                      |  | COARSE SAND & GRAVEL                                   |                        |                                                                                                                             |                             | 32                                                 |  | 61                                                                        |                           |                                  |  |                           |  |
|                                                                        |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>Dia. (in.)</b> 4                                                    |  | <b>Material, Weight, Specification</b> PW EAGLE SDR 21 PVC ASTM F480 |  |                                                        |                        | <b>From (ft.)</b> Surface                                                                                                   |                             | <b>To (ft.)</b> 58                                 |  | <b>11. Well Is</b>                                                        |                           |                                  |  |                           |  |
|                                                                        |  | <b>Manufacturer &amp; Method of Assembly</b>                         |  |                                                        |                        |                                                                                                                             |                             |                                                    |  | <b>14 in. above grade</b>                                                 |                           |                                  |  |                           |  |
|                                                                        |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  | <b>Developed ?</b> Yes                                                    |                           |                                  |  |                           |  |
| <b>Dia. (in.)</b> 4                                                    |  | <b>Screen type, material &amp; slot size</b> JOHNSON SS 15 SLOT      |  |                                                        |                        | <b>From (ft.)</b> 58                                                                                                        |                             | <b>To (ft.)</b> 61                                 |  | <b>Disinfected ?</b> Yes                                                  |                           |                                  |  |                           |  |
|                                                                        |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  | <b>Capped ?</b> Yes                                                       |                           |                                  |  |                           |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>Method</b>                                                          |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>Kind of Sealing Material</b> HIGH SOLIDS BENT                       |  |                                                                      |  | <b>From (ft.)</b> Surface                              |                        | <b>To (ft.)</b> 50                                                                                                          |                             | <b># Sacks Cement</b> 6 S                          |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>9. Static Water Level</b> 13 ft. below ground surface               |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| Pumping level 45 ft. below surface                                     |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| Pumping at 15 GP for 1 Hrs.                                            |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| Pumping Method ?                                                       |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                 |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| Filled & Sealed Well(s) as needed? Yes                                 |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
|                                                                        |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |
| <b>13. Constructor / Supervisory Driller</b> DSF                       |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  | <b>Lic #</b>                                                              |                           | <b>Date Signed</b>               |  |                           |  |
| <b>Drill Rig Operator</b>                                              |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  | <b>Lic or Reg #</b>                                                       |                           | <b>Date Signed</b>               |  |                           |  |
|                                                                        |  |                                                                      |  |                                                        |                        |                                                                                                                             |                             |                                                    |  |                                                                           |                           |                                  |  |                           |  |

**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) |           | 73       | Building Overhang                |           | 15       |
| Building Drain - Sanitary                                 |           | 40       | Sewer - Building Sanitary        |           | 45       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 53       |

Comment:

Created On: 10-09-2008

Updated On: 05-04-2020

Review Status: