

| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                       |     |                                                                      |            | <b>UV147</b>                                              |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b>                                                                                                                                                       |  |                                                                                                                                                          |  | Form 3300-077A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
|----------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------|------------|-----------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|-------------------------------------------------|------------|----------|---|-----|------------------------|---------|----|---|-----|-------------|----|-----|---|-----|-----------|-----|-----|---|-----|-------------|-----|-----|---|-----|----------------------|-----|-----|---|-----|---------------|-----|-----|---|-----|----------|-----|-----|
| Property Owner ELSBURY CONST<br>Phone # (262)767-9550                                        |     |                                                                      |            |                                                           |  | <b>1. Well Location</b>                                                                                                                                                                                                                                                           |  |                                                                                                                                                          |  | Fire # (if avail.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Mailing Address 5046 BRIAR RIDGE CT                                                          |     |                                                                      |            |                                                           |  | Town of BRISTOL                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  | Street Address or Road Name and Number<br>15680 104TH ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| City BURLINGTON                                                                              |     |                                                                      |            | State WI                                                  |  | Zip Code 53105                                                                                                                                                                                                                                                                    |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| County Kenosha                                                                               |     | Co. Permit #                                                         |            | Notification # 6568378801                                 |  | Completed 09-23-2016                                                                                                                                                                                                                                                              |  | Subdivision Name HAZELDELL                                                                                                                               |  | Lot # 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Block #               |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Well Constructor (Business Name)<br>KENNETH D BOYCE                                          |     |                                                                      |            | Lic. # 6123                                               |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                      |  | Latitude / Longitude in Decimal Degree (DD)<br>42.52513 °N -87.9971 °W                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Method Code<br>GPS008 |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Address BEACH PUMP & WELL SERV INC<br>BEACH PARK IL 60087                                    |     |                                                                      |            | Well Plan Approval #                                      |  | SE SE Section Township Range<br>or Govt Lot # 22 1 N 21 E                                                                                                                                                                                                                         |  | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br><br>Construction Type Drilled |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
|                                                                                              |     |                                                                      |            | Approval Date (mm-dd-yyyy)                                |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Hicap Permanent Well #                                                                       |     | Common Well #                                                        |            | Specific Capacity<br>0.2                                  |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| <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 ? |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                  |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| <b>5. Drillhole Dimensions and Construction Method</b>                                       |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Dia. (in.)                                                                                   |     | From (ft.)                                                           |            | To (ft.)                                                  |  | Upper Enlarged Drillhole                                                                                                                                                                                                                                                          |  | Lower Open Bedrock                                                                                                                                       |  | <b>8. Geology</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Geology Codes</th> <th>Type, Caving/Noncaving, Color, Hardness, etc...</th> <th>From (ft.)</th> <th>To (ft.)</th> </tr> <tr> <td>Y</td><td>- Z</td><td>- YELLOW CLAY &amp; GRAVEL</td><td>Surface</td><td>32</td> </tr> <tr> <td>G</td><td>- C</td><td>- GRAY CLAY</td><td>32</td><td>109</td> </tr> <tr> <td>-</td><td>- P</td><td>- HARDPAN</td><td>109</td><td>140</td> </tr> <tr> <td>G</td><td>- C</td><td>- GRAY CLAY</td><td>140</td><td>161</td> </tr> <tr> <td>G</td><td>- C</td><td>G GRAVEL &amp; GRAY CLAY</td><td>161</td><td>163</td> </tr> <tr> <td>G</td><td>- G</td><td>- GRAY GRAVEL</td><td>163</td><td>169</td> </tr> <tr> <td>-</td><td>- G</td><td>- GRAVEL</td><td>169</td><td>170</td> </tr> </table> |  | Geology Codes         |  | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) | Y | - Z | - YELLOW CLAY & GRAVEL | Surface | 32 | G | - C | - GRAY CLAY | 32 | 109 | - | - P | - HARDPAN | 109 | 140 | G | - C | - GRAY CLAY | 140 | 161 | G | - C | G GRAVEL & GRAY CLAY | 161 | 163 | G | - G | - GRAY GRAVEL | 163 | 169 | - | - G | - GRAVEL | 169 | 170 |
| Geology Codes                                                                                |     | Type, Caving/Noncaving, Color, Hardness, etc...                      | From (ft.) | To (ft.)                                                  |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Y                                                                                            | - Z | - YELLOW CLAY & GRAVEL                                               | Surface    | 32                                                        |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| G                                                                                            | - C | - GRAY CLAY                                                          | 32         | 109                                                       |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| -                                                                                            | - P | - HARDPAN                                                            | 109        | 140                                                       |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| G                                                                                            | - C | - GRAY CLAY                                                          | 140        | 161                                                       |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| G                                                                                            | - C | G GRAVEL & GRAY CLAY                                                 | 161        | 163                                                       |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| G                                                                                            | - G | - GRAY GRAVEL                                                        | 163        | 169                                                       |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| -                                                                                            | - G | - GRAVEL                                                             | 169        | 170                                                       |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| 10                                                                                           |     | Surface                                                              |            | 9                                                         |  | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| 5                                                                                            |     | 9                                                                    |            | 170                                                       |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Yes                                                                                          |     | No                                                                   |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
|                                                                                              |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
|                                                                                              |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
|                                                                                              |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
|                                                                                              |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| <b>6. Casing, Liner, Screen</b>                                                              |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Dia. (in.)                                                                                   |     | Material, Weight, Specification<br>Manufacturer & Method of Assembly |            |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                        |  | To (ft.)                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| 5                                                                                            |     | ASTM A-53B T/C WHEATLAND 15LBS PER FOOT                              |            |                                                           |  | Surface                                                                                                                                                                                                                                                                           |  | 170                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Dia. (in.)                                                                                   |     | Screen type, material & slot size                                    |            |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                        |  | To (ft.)                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| 5                                                                                            |     | 170                                                                  |            |                                                           |  | 170                                                                                                                                                                                                                                                                               |  | 170                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| <b>7. Grout or Other Sealing Material</b><br>Method SLURRY                                   |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Kind of Sealing Material                                                                     |     | From (ft.)                                                           |            | To (ft.)                                                  |  | # Sacks Cement                                                                                                                                                                                                                                                                    |  | <b>11. Well Is</b><br>15 in. above grade<br>Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| GRANULAR BENTONITE                                                                           |     | Surface                                                              |            | 9                                                         |  | S                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| <b>12. Notified Owner of need to fill &amp; seal ?</b><br>Filled & Sealed Well(s) as needed? |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| <b>13. Constructor / Supervisory Driller</b>                                                 |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  | Lic #                                                                                                                                                    |  | Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |
| Drill Rig Operator                                                                           |     |                                                                      |            |                                                           |  |                                                                                                                                                                                                                                                                                   |  | Lic or Reg #                                                                                                                                             |  | Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       |  |                                                 |            |          |   |     |                        |         |    |   |     |             |    |     |   |     |           |     |     |   |     |             |     |     |   |     |                      |     |     |   |     |               |     |     |   |     |          |     |     |

**4a. Potential Contamination Sources**

Is the well located in floodplain ? No

Comment:

Created On: 04-04-2017

Updated On: 08-23-2019

Review Status: