

|                                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|-----------------------|--|--------------------|--|-----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>VX782</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 FORT MCCOY - DEPT OF ARMY                               |  |                                                                      |  |                            |  | Phone #                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>1. Well Location</b>                                                                           |  |                       |  | Fire # (if avail.) |  |           |  |
| Mailing Address 215 N 17TH STREET                                      |  |                                                                      |  |                            |  | Town of GREENFIELD                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                   |  |                       |  |                    |  |           |  |
| City OMAHA                                                             |  |                                                                      |  | State NE                   |  | Zip Code 68102                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                   |  |                       |  |                    |  |           |  |
| County Monroe                                                          |  | Co. Permit #                                                         |  | Notification #             |  | Completed 08-08-2016                                                                                                                                                                                                                                                                                                                                                                                                              |  | Subdivision Name                                                                                  |  |                       |  | Lot #              |  | Block #   |  |
| Well Constructor (Business Name)<br>LAYNE CHRISTENSEN COMPANY          |  |                                                                      |  | Lic. #<br>582              |  | Facility ID # (Public Wells)<br>64203029                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |  | Method Code<br>GPS008 |  |                    |  |           |  |
| Address W229 N5005 DUPLAINVILLE<br>PEWAUKEE WI 53072                   |  |                                                                      |  | Well Plan Approval #       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | or Govt Lot #                                                                                     |  | Section 20            |  | Township 18 N      |  | Range 2 W |  |
|                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>2. Well Type</b> New Well YQ308 replaces this well<br>of previous unique well # constructed in |  |                       |  |                    |  |           |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity<br>10.7  |  | Reason for replaced or reconstructed well ?<br>test well for North Post Well no.30                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                   |  |                       |  |                    |  |           |  |
| <b>3. Well serves</b> # of                                             |  |                                                                      |  |                            |  | Hicap Well ? Yes                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Construction Type</b> Drilled                                                                  |  |                       |  |                    |  |           |  |
| Other than Municipal/Community Test Well                               |  |                                                                      |  |                            |  | Hicap Property ? Yes                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Heat Exchange # of drillholes                                          |  |                                                                      |  |                            |  | 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    |  |                    |  |           |  |
| 6                                                                      |  | Surface                                                              |  | 320                        |  | <u>No</u> Rotary - Mud Circulation ..... <u>No</u><br><u>Yes</u> Rotary - Air ..... <u>No</u><br><u>No</u> Rotary - Air & Foam ..... <u>No</u><br><u>No</u> Drill-Through Casing Hammer<br><u>No</u> Reverse Rotary<br><u>No</u> Cable-tool Bit ____ in. dia... <u>No</u><br><u>No</u> Dual Rotary ..... <u>No</u><br><u>No</u> Temp. Outer Casing ____ in. dia<br><u>No</u> Removed? ____ depth ft. (If NO explain on back side) |  |                                                                                                   |  |                       |  |                    |  |           |  |
| <b>8. Geology</b>                                                      |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Geology Codes                                                          |  | Type, Caving/Noncaving, Color, Hardness, etc...                      |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                        |  | To (ft.)                                                                                          |  |                       |  |                    |  |           |  |
| - - S -                                                                |  | Sand                                                                 |  |                            |  | Surface                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 13                                                                                                |  |                       |  |                    |  |           |  |
| - - N -                                                                |  | Sandstone                                                            |  |                            |  | 13                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 246                                                                                               |  |                       |  |                    |  |           |  |
| - - H -                                                                |  | Shale                                                                |  |                            |  | 246                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 248                                                                                               |  |                       |  |                    |  |           |  |
| - - N -                                                                |  | Sandstone                                                            |  |                            |  | 248                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 296                                                                                               |  |                       |  |                    |  |           |  |
| - - N -                                                                |  | Sandstone with streaks of shale                                      |  |                            |  | 296                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 320                                                                                               |  |                       |  |                    |  |           |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                        |  | To (ft.)                                                                                          |  |                       |  |                    |  |           |  |
| 6                                                                      |  | THREADED OVERSHOT                                                    |  |                            |  | Surface                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 17                                                                                                |  |                       |  |                    |  |           |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                        |  | To (ft.)                                                                                          |  |                       |  |                    |  |           |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Method                                                                 |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Kind of Sealing Material                                               |  |                                                                      |  | From (ft.)                 |  | To (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                          |  | # Sacks Cement                                                                                    |  |                       |  |                    |  |           |  |
|                                                                        |  |                                                                      |  | Surface                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| <b>9. Static Water Level</b>                                           |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| 64 ft. below ground surface                                            |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Pumping level 74 ft. below surface                                     |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Pumping at 107 GP M for 3 Hrs.                                         |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Pumping Method ?                                                       |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| <b>11. Well Is</b>                                                     |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| 24 in. above grade                                                     |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Developed ? Yes                                                        |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Disinfected ? Yes                                                      |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Capped ? Yes                                                           |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                 |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Filled & Sealed Well(s) as needed?                                     |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Lic #                                                                  |  |                                                                      |  | Date Signed                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| JG                                                                     |  |                                                                      |  | 01-19-2017                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |
| Drill Rig Operator                                                     |  |                                                                      |  | Lic or Reg #               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Date Signed                                                                                       |  |                       |  |                    |  |           |  |
| ED W                                                                   |  |                                                                      |  |                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                       |  |                    |  |           |  |

**4a. Potential Contamination Sources**

Is the well located in floodplain ? No

Comment:

Created On: 01-26-2017

Updated On: 10-02-2017

Review Status: APPROVED