

|                                                                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------|----------------------------------------|------------------------------------|--|-------------------------------------------------|---------|--------------------|--|----------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>WW315</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 IRWIN, WILLIS                                           |  |                                                                      |  |                            | Phone #  |                                                                                                                                                                                                                                                                                              |                | 1. Well Location                            |                                        |                                    |  | Fire # (if avail.)                              |         |                    |  |                |  |
| Mailing Address 557 WILSON ST                                          |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                | Town of QUINCEY                             |                                        |                                    |  | 2172                                            |         |                    |  |                |  |
| City SUN PRAIRIE                                                       |  |                                                                      |  |                            | State WI |                                                                                                                                                                                                                                                                                              | Zip Code 53590 |                                             | Street Address or Road Name and Number |                                    |  |                                                 | WIG WAM |                    |  |                |  |
| County Adams                                                           |  | Co. Permit #                                                         |  | Notification # 44976942    |          | Completed 07-25-2012                                                                                                                                                                                                                                                                         |                | Subdivision Name                            |                                        |                                    |  | Lot # Block #                                   |         |                    |  |                |  |
| Well Constructor (Business Name)                                       |  |                                                                      |  | Lic. # 6619                |          | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                 |                | Latitude / Longitude in Decimal Degree (DD) |                                        |                                    |  | Method Code                                     |         |                    |  |                |  |
| BRIAN M PATTEN                                                         |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                | 43.9415 °N -89.9461 °W                      |                                        |                                    |  | GCD013                                          |         |                    |  |                |  |
| Address PATTEN ENTERPRISES LLC<br>ARKDALE WI 54613                     |  |                                                                      |  | Well Plan Approval #       |          | SW SE                                                                                                                                                                                                                                                                                        |                | Section 18                                  |                                        | Township 17 N                      |  | Range 5 E                                       |         |                    |  |                |  |
|                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy) |          | or Govt Lot #                                                                                                                                                                                                                                                                                |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity          |          | 2. Well Type Replacement                                                                                                                                                                                                                                                                     |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
|                                                                        |  |                                                                      |  |                            |          | of previous unique well # constructed in                                                                                                                                                                                                                                                     |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
|                                                                        |  |                                                                      |  |                            |          | Reason for replaced or reconstructed well ?                                                                                                                                                                                                                                                  |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
|                                                                        |  |                                                                      |  |                            |          | NO WATER                                                                                                                                                                                                                                                                                     |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
|                                                                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| 3. Well serves 1 # of                                                  |  |                                                                      |  | Hicap Well ? No            |          | Construction Type Jetted                                                                                                                                                                                                                                                                     |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| Private, potable                                                       |  |                                                                      |  | Hicap Property ? No        |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  | Hicap Potable ?            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| 4. Potential Contamination Sources - ON REVERSE SIDE                   |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| 5. Drillhole Dimensions and Construction Method                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| Dia. (in.)                                                             |  | From (ft.)                                                           |  | To (ft.)                   |          | Upper Enlarged Drillhole                                                                                                                                                                                                                                                                     |                | Lower Open Bedrock                          |                                        | Geology Codes                      |  | Type, Caving/Noncaving, Color, Hardness, etc... |         | From (ft.)         |  | To (ft.)       |  |
| 2                                                                      |  | Surface                                                              |  | 42                         |          | Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br><u>Yes</u> 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) |                |                                             |                                        | - - S -                            |  | SAND                                            |         | Surface            |  | 46             |  |
| 1.3                                                                    |  | 42                                                                   |  | 46                         |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
|                                                                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
|                                                                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
|                                                                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| 6. Casing, Liner, Screen                                               |  |                                                                      |  |                            |          | 9. Static Water Level                                                                                                                                                                                                                                                                        |                |                                             |                                        | 11. Well Is                        |  |                                                 |         |                    |  |                |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                            |          | From (ft.)                                                                                                                                                                                                                                                                                   |                | To (ft.)                                    |                                        | 17 ft. below ground surface        |  |                                                 |         | 14 in. above grade |  |                |  |
| 2                                                                      |  | WHEATLAND ERW GALVINIZED THREADED                                    |  |                            |          | Surface                                                                                                                                                                                                                                                                                      |                | 42                                          |                                        | 10. Pump Test                      |  |                                                 |         | Developed ? Yes    |  |                |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                            |          | From (ft.)                                                                                                                                                                                                                                                                                   |                | To (ft.)                                    |                                        | Pumping level 21 ft. below surface |  |                                                 |         | Disinfected ? Yes  |  |                |  |
| 1.5                                                                    |  | CAMPBELL 80 GAUZE                                                    |  |                            |          | 42                                                                                                                                                                                                                                                                                           |                | 46                                          |                                        | Pumping at ___ GP M for ___ Hrs.   |  |                                                 |         | Capped ? Yes       |  |                |  |
|                                                                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        | Pumping Method ?                   |  |                                                 |         |                    |  |                |  |
| 7. Grout or Other Sealing Material                                     |  |                                                                      |  |                            |          | 12. Notified Owner of need to fill & seal ?                                                                                                                                                                                                                                                  |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| Method                                                                 |  |                                                                      |  |                            |          | Filled & Sealed Well(s) as needed? Yes                                                                                                                                                                                                                                                       |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |
| Kind of Sealing Material                                               |  | From (ft.)                                                           |  | To (ft.)                   |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  | # Sacks Cement |  |
|                                                                        |  | Surface                                                              |  |                            |          |                                                                                                                                                                                                                                                                                              |                | 13. Constructor / Supervisory Driller       |                                        |                                    |  | Lic #                                           |         | Date Signed        |  |                |  |
|                                                                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                | BP                                          |                                        |                                    |  |                                                 |         | 08-21-2012         |  |                |  |
|                                                                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                | Drill Rig Operator                          |                                        |                                    |  | Lic or Reg #                                    |         | Date Signed        |  |                |  |
|                                                                        |  |                                                                      |  |                            |          |                                                                                                                                                                                                                                                                                              |                |                                             |                                        |                                    |  |                                                 |         |                    |  |                |  |

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

| Type                                                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 53       | Septic or Holding, or POWTS Tank |           | 75       |

Comment:

Created On: 09-05-2012

Updated On: 05-04-2020

Review Status: