

|                                                                        |  |                                                                      |  |                                                      |  |                                                                                                                             |  |                                             |  |                                                 |  |                                             |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|-------------------------------------------------|--|---------------------------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>XE214</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 HARRER, HERB                                            |  |                                                                      |  |                                                      |  | Phone # (715)254-5003                                                                                                       |  | <b>1. Well Location</b>                     |  |                                                 |  | Fire # (if avail.)                          |  |
| Mailing Address 1712 BISCAYNE                                          |  |                                                                      |  |                                                      |  | Town of HULL                                                                                                                |  |                                             |  |                                                 |  | 1712                                        |  |
| City STEVENS POINT                                                     |  |                                                                      |  |                                                      |  | State WI                                                                                                                    |  | Zip Code 54481                              |  |                                                 |  | Street Address or Road Name and Number      |  |
| 1712 BISCAYNE                                                          |  |                                                                      |  |                                                      |  | Subdivision Name                                                                                                            |  |                                             |  | Lot #                                           |  | Block #                                     |  |
| County                                                                 |  | Co. Permit #                                                         |  | Notification #                                       |  | Completed                                                                                                                   |  | PINWOOD MEADOW                              |  |                                                 |  | 5                                           |  |
| Portage                                                                |  | 6901086101                                                           |  | 08-05-2017                                           |  | Latitude / Longitude in Decimal Degree (DD)                                                                                 |  |                                             |  | Method Code                                     |  |                                             |  |
| Well Constructor (Business Name)                                       |  |                                                                      |  | Lic. #                                               |  | Facility ID # (Public Wells)                                                                                                |  | 44.57353 °N -89.60645 °W                    |  |                                                 |  | GPS008                                      |  |
| PETER LASKOWSKI                                                        |  |                                                                      |  | 4789                                                 |  | Well Plan Approval #                                                                                                        |  | NW SW                                       |  | Section                                         |  | Township                                    |  |
| Address CHETS PLBG & HTG INC<br>STEVENS POINT WI 54481-5670            |  |                                                                      |  | Approval Date (mm-dd-yyyy)                           |  | or Govt Lot #                                                                                                               |  | 7                                           |  | 24 N                                            |  | Range                                       |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity                                    |  | 2. Well Type Replacement                                                                                                    |  | of previous unique well #                   |  | constructed in                                  |  | Reason for replaced or reconstructed well ? |  |
| 3. Well serves 1 # of                                                  |  | Private, potable                                                     |  | Hicap Well ? No                                      |  | Hicap Property ? No                                                                                                         |  | NO WATER                                    |  | Construction Type                               |  | Driven Point                                |  |
| Heat Exchange ___ # of drillholes                                      |  | Hicap Potable ?                                                      |  | 4. Potential Contamination Sources - ON REVERSE SIDE |  | 5. Drillhole Dimensions and Construction Method                                                                             |  | 8. Geology                                  |  | 9. Static Water Level                           |  | 11. Well Is                                 |  |
| Upper Enlarged Drillhole                                               |  |                                                                      |  | Lower Open Bedrock                                   |  |                                                                                                                             |  | Geology Codes                               |  | Type, Caving/Noncaving, Color, Hardness, etc... |  | From (ft.)                                  |  |
| Rotary - Mud Circulation .....                                         |  |                                                                      |  | Rotary - Air .....                                   |  |                                                                                                                             |  | - - S -                                     |  | Surface                                         |  | 29                                          |  |
| Rotary - Air & Foam .....                                              |  |                                                                      |  | Drill-Through Casing Hammer                          |  |                                                                                                                             |  | 10. Pump Test                               |  | Developed ?                                     |  | Yes                                         |  |
| Reverse Rotary                                                         |  |                                                                      |  | Cable-tool Bit ___ in. dia...                        |  |                                                                                                                             |  | Pumping level ___ ft. below surface         |  | Disinfected ?                                   |  | Yes                                         |  |
| Dual Rotary .....                                                      |  |                                                                      |  | Temp. Outer Casing ___ in. dia                       |  |                                                                                                                             |  | Pumping at ___ GP for ___ Hrs.              |  | Capped ?                                        |  | Yes                                         |  |
| 6. Casing, Liner, Screen                                               |  |                                                                      |  | Removed? ___ depth ft. (If NO explain on back side)  |  |                                                                                                                             |  | Pumping Method ?                            |  | 12. Notified Owner of need to fill & seal ?     |  | Filled & Sealed Well(s) as needed?          |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  | From (ft.)                                           |  | To (ft.)                                                                                                                    |  | 13. Constructor / Supervisory Driller       |  | Lic #                                           |  | Date Signed                                 |  |
| 2                                                                      |  | 2IN STEEL                                                            |  | Surface                                              |  | 26                                                                                                                          |  | SL                                          |  | 08-05-2017                                      |  | Drill Rig Operator                          |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  | From (ft.)                                           |  | To (ft.)                                                                                                                    |  | Lic or Reg #                                |  | Date Signed                                     |  | 2 ST ST 10 SLOT                             |  |
| 2                                                                      |  | ST ST 10 SLOT                                                        |  | 26                                                   |  | 29                                                                                                                          |  | 7. Grout or Other Sealing Material          |  | Method                                          |  | 13. Constructor / Supervisory Driller       |  |
| Kind of Sealing Material                                               |  |                                                                      |  | From (ft.)                                           |  | To (ft.)                                                                                                                    |  | # Sacks Cement                              |  | 13. Constructor / Supervisory Driller           |  | Lic #                                       |  |
| Surface                                                                |  |                                                                      |  | 26                                                   |  | 29                                                                                                                          |  | 7. Grout or Other Sealing Material          |  | Method                                          |  | Date Signed                                 |  |
| 7. Grout or Other Sealing Material                                     |  |                                                                      |  | Method                                               |  |                                                                                                                             |  | 12. Notified Owner of need to fill & seal ? |  | Filled & Sealed Well(s) as needed?              |  | Yes                                         |  |
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| 7. Grout or Other Sealing Material                                     |  |                                                                      |  | Method                                               |  |                                                                                                                             |  | 12. Notified Owner of need to fill & seal ? |  | Filled & Sealed Well(s) as needed?              |  | Yes                                         |  |
| 7. Grout or Other Sealing Material                                     |  |                                                                      |  | Method                                               |  |                                                                                                                             |  | 12. Notified Owner of need to fill & seal ? |  | Filled & Sealed Well(s) as needed?              |  | Yes                                         |  |
| 7. Grout or Other Sealing Material                                     |  |                                                                      |  |                                                      |  |                                                                                                                             |  |                                             |  |                                                 |  |                                             |  |

**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) |           | 75       | Downspout/Yard Hydrant           |           | 25       |
| Building Drain - Sanitary                                 |           | 8        | Foundation Drain to Clearwater   |           | 24       |
| Building Overhang                                         |           | 1        | Foundation Drain to Sewer        |           | 18       |
| Clearwater Sump                                           |           | 24       | Sewer - Building Sanitary        |           | 28       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 65       |

Comment:

Created On: 08-21-2017

Updated On: 05-07-2020

Review Status: