

|                                                                                                                                                                                                                                                                                                                                                               |   |                                                                   |                            |                                                           |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------|----------------------------|-----------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|------------|--|----------|--|----------------|---|------|---|---------|--|------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                                                                                                                                                                                                                                                                        |   |                                                                   |                            | <b>XP431</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 QUINNELL, NICHOLAS                                                                                                                                                                                                                                                                                                                             |   |                                                                   |                            |                                                           | Phone #                      |                                                                                                                                                                                                                                                                                   | <b>1. Well Location</b><br>Fire # (if avail.)<br>Town of STRONGS PRARIE 1732<br>Street Address or Road Name and Number<br>18TH AVE                  |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| Mailing Address 1732 18TH AVE                                                                                                                                                                                                                                                                                                                                 |   |                                                                   |                            |                                                           |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| City ARKDALE                                                                                                                                                                                                                                                                                                                                                  |   |                                                                   | State WI                   |                                                           | Zip Code 54613               |                                                                                                                                                                                                                                                                                   | Subdivision Name<br>Lot #<br>Block #                                                                                                                |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| County Adams                                                                                                                                                                                                                                                                                                                                                  |   | Co. Permit #                                                      |                            | Notification # 57189709                                   |                              | Completed 11-25-2015                                                                                                                                                                                                                                                              |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| Well Constructor (Business Name)                                                                                                                                                                                                                                                                                                                              |   |                                                                   | Lic. #                     |                                                           | Facility ID # (Public Wells) |                                                                                                                                                                                                                                                                                   | Latitude / Longitude in Decimal Degree (DD)                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | Method Code |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| QUINNELL'S QUALITY SEPTICS INC                                                                                                                                                                                                                                                                                                                                |   |                                                                   | 7257                       |                                                           |                              |                                                                                                                                                                                                                                                                                   | 44.006 °N -89.9163 °W                                                                                                                               |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | OTH001      |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| Address 1852 HWY Z<br>ARKDALE WI 54613                                                                                                                                                                                                                                                                                                                        |   |                                                                   | Well Plan Approval #       |                                                           | SW NW Section Township Range |                                                                                                                                                                                                                                                                                   | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>Construction Type Jetted |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                               |   |                                                                   | Approval Date (mm-dd-yyyy) |                                                           | or Govt Lot # 28 18 N 5 E    |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| Hicap Permanent Well #                                                                                                                                                                                                                                                                                                                                        |   | Common Well #                                                     |                            | Specific Capacity                                         |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| <b>3. Well serves</b> 1 # of IRRIGATION<br>Private, non-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                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| 4                                                                                                                                                                                                                                                                                                                                                             |   | Surface                                                           |                            | 3                                                         |                              | 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) |                                                                                                                                                     |          | <b>8. Geology</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Geology Codes</td> <td colspan="2">Type, Caving/Noncaving, Color, Hardness, etc...</td> <td colspan="2">From (ft.)</td> <td colspan="2">To (ft.)</td> </tr> <tr> <td>-</td> <td>-</td> <td>S</td> <td>-</td> <td colspan="2">SAND</td> <td colspan="2">Surface 46</td> </tr> </table> |                                                                                                                   |             | Geology Codes                                                                                       |  | Type, Caving/Noncaving, Color, Hardness, etc... |  | From (ft.) |  | To (ft.) |  | -              | - | S    | - | SAND    |  | Surface 46 |  |
| Geology Codes                                                                                                                                                                                                                                                                                                                                                 |   | Type, Caving/Noncaving, Color, Hardness, etc...                   |                            | From (ft.)                                                |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             | To (ft.)                                                                                            |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| -                                                                                                                                                                                                                                                                                                                                                             | - | S                                                                 | -                          | SAND                                                      |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             | Surface 46                                                                                          |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| 2                                                                                                                                                                                                                                                                                                                                                             |   | 3                                                                 |                            | 42                                                        |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| 1.25                                                                                                                                                                                                                                                                                                                                                          |   | 42                                                                |                            | 46                                                        |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                               |   |                                                                   |                            |                                                           |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| <b>6. Casing, Liner, Screen</b>                                                                                                                                                                                                                                                                                                                               |   |                                                                   |                            |                                                           |                              | <b>9. Static Water Level</b>                                                                                                                                                                                                                                                      |                                                                                                                                                     |          | <b>11. Well Is</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                    |   | Material, Weight, Specification Manufacturer & Method of Assembly |                            |                                                           |                              | From (ft.)                                                                                                                                                                                                                                                                        |                                                                                                                                                     | To (ft.) |                                                                                                                                                                                                                                                                                                                                                                                                   | 25 ft. below ground surface                                                                                       |             | 14 in. above grade                                                                                  |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| 2                                                                                                                                                                                                                                                                                                                                                             |   | WHEATLAND ASTM A53A T&C                                           |                            |                                                           |                              | Surface                                                                                                                                                                                                                                                                           |                                                                                                                                                     | 42       |                                                                                                                                                                                                                                                                                                                                                                                                   | <b>10. Pump Test</b><br>Pumping level ___ ft. below surface<br>Pumping at ___ GP for ___ Hrs.<br>Pumping Method ? |             | Developed ? No<br>Disinfected ? Yes<br>Capped ? Yes                                                 |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                    |   | Screen type, material & slot size                                 |                            |                                                           |                              | From (ft.)                                                                                                                                                                                                                                                                        |                                                                                                                                                     | To (ft.) |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| 1.25                                                                                                                                                                                                                                                                                                                                                          |   | CAMPBELL 80 GAUZE                                                 |                            |                                                           |                              | 42                                                                                                                                                                                                                                                                                |                                                                                                                                                     | 46       |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| <b>7. Grout or Other Sealing Material</b>                                                                                                                                                                                                                                                                                                                     |   |                                                                   |                            |                                                           |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             | <b>12. Notified Owner of need to fill &amp; seal ?</b><br>Filled & Sealed Well(s) as needed?<br>N/A |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| Method<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Kind of Sealing Material</td> <td colspan="2">From (ft.)</td> <td colspan="2">To (ft.)</td> <td colspan="2"># Sacks Cement</td> </tr> <tr> <td colspan="2">SAND</td> <td colspan="2">Surface</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> |   |                                                                   |                            |                                                           |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  | Kind of Sealing Material                        |  | From (ft.) |  | To (ft.) |  | # Sacks Cement |   | SAND |   | Surface |  |            |  |
| Kind of Sealing Material                                                                                                                                                                                                                                                                                                                                      |   | From (ft.)                                                        |                            | To (ft.)                                                  |                              | # Sacks Cement                                                                                                                                                                                                                                                                    |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| SAND                                                                                                                                                                                                                                                                                                                                                          |   | Surface                                                           |                            |                                                           |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  |                                                 |  |            |  |          |  |                |   |      |   |         |  |            |  |
| <b>13. Constructor / Supervisory Driller</b>                                                                                                                                                                                                                                                                                                                  |   |                                                                   |                            |                                                           |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             | Lic #                                                                                               |  | Date Signed                                     |  |            |  |          |  |                |   |      |   |         |  |            |  |
| CQ                                                                                                                                                                                                                                                                                                                                                            |   |                                                                   |                            |                                                           |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             |                                                                                                     |  | 12-02-2015                                      |  |            |  |          |  |                |   |      |   |         |  |            |  |
| <b>Drill Rig Operator</b>                                                                                                                                                                                                                                                                                                                                     |   |                                                                   |                            |                                                           |                              |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |             | 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) | >         | 50       | Animal Yard - Include Hutches    | >         | 50       |
|                                                           |           |          | Septic or Holding, or POWTS Tank | >         | 50       |

Comment:

Created On: 12-22-2015

Updated On: 09-08-2022

Review Status: