

|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|--------------------|--|--------------------------------------------------------|--|-------------------------------------------------|--|--------------------|--|-------------|--|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                                                                                                                                                                                                |  |                                                                      |  | <b>XQ576</b>            |  | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b> |  |                                                           |  | <small>Form 3300-077A</small>                                                                                   |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| Property Owner DISTEFAFT, KEN                                                                                                                                                                                                                                                         |  |                                                                      |  |                         |  | Phone #                                                                                                                     |  | <b>1. Well Location</b>                                   |  |                                                                                                                 |  | Fire # (if avail.) |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| Mailing Address 3903 HUCKLEBERRY RD                                                                                                                                                                                                                                                   |  |                                                                      |  |                         |  | Town of ST MARIE                                                                                                            |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| City PRINCETON                                                                                                                                                                                                                                                                        |  |                                                                      |  |                         |  | State WI                                                                                                                    |  | Zip Code 54968                                            |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| County Green Lake                                                                                                                                                                                                                                                                     |  | Co. Permit #                                                         |  | Notification # 56984972 |  | Completed 11-25-2015                                                                                                        |  | Subdivision Name                                          |  |                                                                                                                 |  | Lot #              |  | Block #                                                |  |                                                 |  |                    |  |             |  |  |  |
| Well Constructor (Business Name)<br>WAYNE W SALEFSKY                                                                                                                                                                                                                                  |  |                                                                      |  | Lic. # 567              |  | Facility ID # (Public Wells)                                                                                                |  | Latitude / Longitude in Decimal Degree (DD)<br>°N °W      |  |                                                                                                                 |  | Method Code        |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| Address TOWN & COUNTRY WELL DRILLING<br>BERLIN WI 54923-0123                                                                                                                                                                                                                          |  |                                                                      |  | Well Plan Approval #    |  | Approval Date (mm-dd-yyyy)                                                                                                  |  | NW NW Section Township Range<br>or Govt Lot # 4 16 N 11 E |  | <b>2. Well Type</b> New Well                                                                                    |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| Hicap Permanent Well #                                                                                                                                                                                                                                                                |  |                                                                      |  | Common Well #           |  | Specific Capacity 2                                                                                                         |  | Reason for replaced or reconstructed well ?               |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| <b>3. Well serves</b> 1 # of Private, potable                                                                                                                                                                                                                                         |  |                                                                      |  |                         |  | Hicap Well ? No                                                                                                             |  | Hicap Property ? No                                       |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| Heat Exchange ___ # of drillholes                                                                                                                                                                                                                                                     |  |                                                                      |  |                         |  | Hicap Potable ?                                                                                                             |  | Construction Type Drilled                                 |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                                                                                                                                                                                                           |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                                                                                                                                                                                                                                |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  | <b>8. Geology</b>                                      |  |                                                 |  |                    |  |             |  |  |  |
| Dia. (in.)                                                                                                                                                                                                                                                                            |  | From (ft.)                                                           |  | To (ft.)                |  | Upper Enlarged Drillhole                                                                                                    |  |                                                           |  | Lower Open Bedrock                                                                                              |  |                    |  | Geology Codes                                          |  | Type, Caving/Noncaving, Color, Hardness, etc... |  | From (ft.)         |  | To (ft.)    |  |  |  |
| 6                                                                                                                                                                                                                                                                                     |  | Surface                                                              |  | 65                      |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  | - - S -                                                |  | SAND                                            |  | Surface            |  | 65          |  |  |  |
| Rotary - Mud Circulation .....<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Yes Cable-tool Bit 6in. dia... No<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>Removed? ___ depth ft. (If NO explain on back side) |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| <b>6. Casing, Liner, Screen</b>                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  | <b>9. Static Water Level</b>                           |  |                                                 |  | <b>11. Well Is</b> |  |             |  |  |  |
| Dia. (in.)                                                                                                                                                                                                                                                                            |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                         |  | From (ft.)                                                                                                                  |  | To (ft.)                                                  |  | 40 ft. below ground surface                                                                                     |  |                    |  | 14 in. above grade                                     |  |                                                 |  |                    |  |             |  |  |  |
| 6                                                                                                                                                                                                                                                                                     |  | WHEATLAND NEW BLACK STEEL THREADED & COUPLED                         |  |                         |  | Surface                                                                                                                     |  | 62                                                        |  | <b>10. Pump Test</b><br>Pumping level 55 ft. below surface<br>Pumping at 30 GP M for 2 Hrs.<br>Pumping Method ? |  |                    |  | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes   |  |                                                 |  |                    |  |             |  |  |  |
| Dia. (in.)                                                                                                                                                                                                                                                                            |  | Screen type, material & slot size                                    |  |                         |  | From (ft.)                                                                                                                  |  | To (ft.)                                                  |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| 6                                                                                                                                                                                                                                                                                     |  | 10 SLOT STAINLESS                                                    |  |                         |  | 62                                                                                                                          |  | 65                                                        |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                                                                                                                                                                                                                                   |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |                                                 |  |                    |  |             |  |  |  |
| Kind of Sealing Material                                                                                                                                                                                                                                                              |  |                                                                      |  | From (ft.)              |  | To (ft.)                                                                                                                    |  | # Sacks Cement                                            |  | Filled & Sealed Well(s) as needed? No<br>NONE                                                                   |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
| #8 BENTONITE                                                                                                                                                                                                                                                                          |  |                                                                      |  | Surface                 |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |
|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  | <b>13. Constructor / Supervisory Driller</b>           |  |                                                 |  | Lic #              |  | Date Signed |  |  |  |
|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  | WS                                                     |  |                                                 |  |                    |  | 03-14-2016  |  |  |  |
|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  | Drill Rig Operator                                     |  |                                                 |  | Lic or Reg #       |  | Date Signed |  |  |  |
|                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                                                                                                             |  |                                                           |  |                                                                                                                 |  |                    |  |                                                        |  |                                                 |  |                    |  |             |  |  |  |

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

| Type                             | Qualifier | Distance |
|----------------------------------|-----------|----------|
| Septic or Holding, or POWTS Tank | >         | 50       |

Comment:

Created On: 04-08-2016

Updated On: 04-08-2016

Review Status: