

|                                                                                                                          |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
|--------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|-----------------------------------------------------------------------|--|-----------------------------------------------------|--|-----------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                                   |  |                                                                      |  | <b>XR674</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 ANTHONY BLASCO                                                                                            |  |                                                                      |  |                                                              |  | Phone #                                                                                                                                                                                                                                                                                                                     |  | <b>1. Well Location</b>              |  |                                                                       |  | Fire # (if avail.)                                  |  |                       |  |
| Mailing Address N8288 POPLAR LN                                                                                          |  |                                                                      |  |                                                              |  | Town of GERMANTOWN                                                                                                                                                                                                                                                                                                          |  |                                      |  |                                                                       |  | N8288                                               |  |                       |  |
| City NEW LISBON                                                                                                          |  |                                                                      |  |                                                              |  | State WI                                                                                                                                                                                                                                                                                                                    |  | Zip Code 53950                       |  |                                                                       |  | Street Address or Road Name and Number<br>POPLAR LN |  |                       |  |
| County Juneau                                                                                                            |  | Co. Permit #                                                         |  | Notification # 6994765801                                    |  | Completed 12-14-2017                                                                                                                                                                                                                                                                                                        |  | Subdivision Name CASTLE ROCK ESTATES |  |                                                                       |  | Lot #<br>Block #                                    |  |                       |  |
| Well Constructor (Business Name)<br>A & M PLUMBING & PUMP SERVICE LLC                                                    |  |                                                                      |  | Lic. # 6675                                                  |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                                |  |                                      |  | Latitude / Longitude in Decimal Degree (DD)<br>43.9442 °N -90.0681 °W |  |                                                     |  | Method Code<br>GPS008 |  |
| Address N6828 HWY 58 NORTH<br>NEW LISBON WI 53948                                                                        |  |                                                                      |  | Well Plan Approval #                                         |  | NE SW                                                                                                                                                                                                                                                                                                                       |  | Section 18                           |  | Township 17 N                                                         |  | Range 4 E                                           |  |                       |  |
|                                                                                                                          |  |                                                                      |  | Approval Date (mm-dd-yyyy)                                   |  | or Govt Lot #                                                                                                                                                                                                                                                                                                               |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| Hicap Permanent Well #                                                                                                   |  | Common Well #                                                        |  | Specific Capacity                                            |  | <b>2. Well Type</b> Replacement<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>LOW YIELD                                                                                                                                                                                     |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| <b>3. Well serves</b> 1 # of HOME<br>Private, non-potable<br>Heat Exchange ___ # of drillholes                           |  |                                                                      |  | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ? No |  | Construction Type Driven Point                                                                                                                                                                                                                                                                                              |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| <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                                                    |  |                                                     |  |                       |  |
| 1.25                                                                                                                     |  | Surface                                                              |  | 30                                                           |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
|                                                                                                                          |  |                                                                      |  |                                                              |  | No Rotary - Mud Circulation ..... No<br>No Rotary - Air ..... No<br>No Rotary - Air & Foam ..... No<br>No Drill-Through Casing Hammer<br>No Reverse Rotary<br>No Cable-tool Bit ___ in. dia... No<br>No Dual Rotary ..... No<br>No Temp. Outer Casing ___ in. dia<br>No Removed? ___ depth ft. (If NO explain on back side) |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| <b>8. Geology</b>                                                                                                        |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| Geology Codes                                                                                                            |  | Type, Caving/Noncaving, Color, Hardness, etc...                      |  |                                                              |  | From (ft.)                                                                                                                                                                                                                                                                                                                  |  | To (ft.)                             |  |                                                                       |  |                                                     |  |                       |  |
| S                                                                                                                        |  | S-SAND                                                               |  |                                                              |  | Surface                                                                                                                                                                                                                                                                                                                     |  | 30                                   |  |                                                                       |  |                                                     |  |                       |  |
| <b>6. Casing, Liner, Screen</b>                                                                                          |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| Dia. (in.)                                                                                                               |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                                                              |  | From (ft.)                                                                                                                                                                                                                                                                                                                  |  | To (ft.)                             |  |                                                                       |  |                                                     |  |                       |  |
| 1.25                                                                                                                     |  | GALV ASTM 480 T&C                                                    |  |                                                              |  | Surface                                                                                                                                                                                                                                                                                                                     |  | 26                                   |  |                                                                       |  |                                                     |  |                       |  |
| Dia. (in.)                                                                                                               |  | Screen type, material & slot size                                    |  |                                                              |  | From (ft.)                                                                                                                                                                                                                                                                                                                  |  | To (ft.)                             |  |                                                                       |  |                                                     |  |                       |  |
| 1.25                                                                                                                     |  | SCREEN STAINLESS 80 GAUZE                                            |  |                                                              |  | 26                                                                                                                                                                                                                                                                                                                          |  | 30                                   |  |                                                                       |  |                                                     |  |                       |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                                                                      |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| <b>9. Static Water Level</b><br>9 ft. below ground surface                                                               |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| <b>10. Pump Test</b><br>Pumping level 9 ft. below surface<br>Pumping at 14 GP M for 1 Hrs.<br>Pumping Method ? Test Pump |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| <b>11. Well Is</b><br>29 in. above grade<br>Developed ? Yes<br>Disinfected ? Yes<br>Capped ? No                          |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b> No<br><br>Filled & Sealed Well(s) as needed? Yes                  |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |
| <b>13. Constructor / Supervisory Driller</b>                                                                             |  |                                                                      |  |                                                              |  | Lic #                                                                                                                                                                                                                                                                                                                       |  | Date Signed                          |  |                                                                       |  |                                                     |  |                       |  |
| AT                                                                                                                       |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  | 12-14-2017                           |  |                                                                       |  |                                                     |  |                       |  |
| Drill Rig Operator                                                                                                       |  |                                                                      |  |                                                              |  | Lic or Reg #                                                                                                                                                                                                                                                                                                                |  | Date Signed                          |  |                                                                       |  |                                                     |  |                       |  |
|                                                                                                                          |  |                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                             |  |                                      |  |                                                                       |  |                                                     |  |                       |  |

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

| Type                                                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 75       | Sewer - Building Sanitary        |           | 26       |
| Building Drain - Sanitary                                 |           | 18       | Septic or Holding, or POWTS Tank |           | 125      |

Comment:

Created On: 12-11-2018

Updated On: 05-04-2020

Review Status: APPROVED