

| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |              |                | <b>XU155</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 JONES, DON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |              |                |                                                           |  | Phone #                                                                                                                     |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| Mailing Address S12440 CO LINE RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |              |                |                                                           |  | Town of SPRING GREEN                                                                                                        |  |                  |  |                                                                                                                                               |  | Fire # (if avail.)<br>S12440                           |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| City LONE ROCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |              |                | State WI                                                  |  | Zip Code 53556                                                                                                              |  |                  |  | Street Address or Road Name and Number<br>S12440 CO LINE RD                                                                                   |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| County Sauk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | Co. Permit # |                | Notification #<br>6707529601                              |  | Completed<br>01-30-2017                                                                                                     |  | Subdivision Name |  |                                                                                                                                               |  | Lot #<br>Block #                                       |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| Well Constructor (Business Name)<br>ROBERT J RODAMAKER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |              |                | Lic. #<br>6664                                            |  | Facility ID # (Public Wells)                                                                                                |  |                  |  | Latitude / Longitude in Decimal Degree (DD)<br>43.1862 °N -90.19232 °W                                                                        |  |                                                        |                                                                      | Method Code<br>GPS006                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| Address WATERMAKER WELL DRLG&WATR SYS LLC<br>ARENA WI 53503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |              |                | Well Plan Approval #                                      |  | SW NW Section Township Range<br>or Govt Lot # 7 8 N 3 E                                                                     |  |                  |  | <b>2. Well Type</b> Replacement<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>OLD ONE FAILING |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |              |                |                                                           |  | Approval Date (mm-dd-yyyy)                                                                                                  |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| Hicap Permanent Well #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |              |                | Common Well #                                             |  | Specific Capacity                                                                                                           |  |                  |  | Construction Type Driven Point                                                                                                                |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| <b>3. Well serves</b> 1 # of<br>Private, 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  | <b>8. Geology</b>                                      |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Upper Enlarged Drillhole</td> <td style="width: 50%;">Lower Open Bedrock</td> </tr> <tr> <td colspan="2">           Rotary - Mud Circulation .....<br/>           Rotary - Air .....<br/>           Rotary - Air &amp; Foam .....<br/>           Drill-Through Casing Hammer<br/>           Reverse Rotary<br/>           Cable-tool Bit ___ in. dia...<br/>           Dual Rotary .....<br/>           Temp. Outer Casing ___ in. dia         </td> </tr> </table> |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  | Upper Enlarged Drillhole                               | Lower Open Bedrock                                                   | 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 |          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Geology Codes</td> <td style="width: 40%;">Type, Caving/Noncaving, Color, Hardness, etc...</td> <td style="width: 10%;">From (ft.)</td> <td style="width: 30%;">To (ft.)</td> </tr> <tr> <td>- - S -</td> <td>SAND</td> <td>Surface</td> <td>30</td> </tr> </table> |                           |          |                | Geology Codes                                                                             | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) | - - S -              | SAND | Surface | 30 |                                                      |  |  |  |
| Upper Enlarged Drillhole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lower Open Bedrock                                                   |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                         |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| Geology Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Type, Caving/Noncaving, Color, Hardness, etc...                      | From (ft.)   | To (ft.)       |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| - - S -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SAND                                                                 | Surface      | 30             |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| <b>6. Casing, Liner, Screen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  | <b>9. Static Water Level</b>                           |                                                                      |                                                                                                                                                                                                                            |          | <b>11. Well Is</b>                                                                                                                                                                                                                                                                                                                                                 |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| Removed? ___ depth ft. (If NO explain on back side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  | 12 ft. below ground surface                            |                                                                      |                                                                                                                                                                                                                            |          | 14 in. above grade                                                                                                                                                                                                                                                                                                                                                 |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Dia. (in.)</th> <th style="width: 40%;">Material, Weight, Specification<br/>Manufacturer &amp; Method of Assembly</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 40%;">To (ft.)</th> </tr> <tr> <td>2.5</td> <td>WHITEWATER PITLESS</td> <td>Surface</td> <td>6</td> </tr> <tr> <td>1.25</td> <td>GALVANIZED SAWHILL T&amp;C</td> <td>6</td> <td>26</td> </tr> </table>                                                                             |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  | Dia. (in.)                                             | Material, Weight, Specification<br>Manufacturer & Method of Assembly | From (ft.)                                                                                                                                                                                                                 | To (ft.) | 2.5                                                                                                                                                                                                                                                                                                                                                                | WHITEWATER PITLESS        | Surface  | 6              | 1.25                                                                                      | GALVANIZED SAWHILL T&C                          | 6          | 26       | <b>10. Pump Test</b> |      |         |    | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |  |  |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Material, Weight, Specification<br>Manufacturer & Method of Assembly | From (ft.)   | To (ft.)       |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| 2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WHITEWATER PITLESS                                                   | Surface      | 6              |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| 1.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GALVANIZED SAWHILL T&C                                               | 6            | 26             |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Dia. (in.)</th> <th style="width: 40%;">Screen type, material &amp; slot size</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 40%;">To (ft.)</th> </tr> <tr> <td>1.25</td> <td>JOHNSON 10 SLOT STAINLESS</td> <td>26</td> <td>30</td> </tr> </table>                                                                                                                                                                                                 |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  | Dia. (in.)                                             | Screen type, material & slot size                                    | From (ft.)                                                                                                                                                                                                                 | To (ft.) | 1.25                                                                                                                                                                                                                                                                                                                                                               | JOHNSON 10 SLOT STAINLESS | 26       | 30             | Pumping level ___ ft. below surface<br>Pumping at ___ GP for ___ Hrs.<br>Pumping Method ? |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| Dia. (in.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Screen type, material & slot size                                    | From (ft.)   | To (ft.)       |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| 1.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | JOHNSON 10 SLOT STAINLESS                                            | 26           | 30             |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| <b>7. Grout or Other Sealing Material</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  | Filled & Sealed Well(s) as needed? Yes                 |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Kind of Sealing Material</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 10%;">To (ft.)</th> <th style="width: 60%;"># Sacks Cement</th> </tr> <tr> <td></td> <td>Surface</td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                    |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          | Kind of Sealing Material                                                                                                                                                                                                                                                                                                                                           | From (ft.)                | To (ft.) | # Sacks Cement |                                                                                           | Surface                                         |            |          |                      |      |         |    |                                                      |  |  |  |
| Kind of Sealing Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | From (ft.)                                                           | To (ft.)     | # Sacks Cement |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Surface                                                              |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      |                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| <b>13. Constructor / Supervisory Driller</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  | Lic #                                                  |                                                                      | Date Signed                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |              |                |                                                           |  |                                                                                                                             |  |                  |  |                                                                                                                                               |  |                                                        |                                                                      | 03-27-2017                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                    |                           |          |                |                                                                                           |                                                 |            |          |                      |      |         |    |                                                      |  |  |  |
| <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) | >         | 70       | Sewer - Building Sanitary        | >         | 30       |
|                                                           |           |          | Septic or Holding, or POWTS Tank | >         | 50       |

Comment:

Created On: 05-08-2017

Updated On: 05-09-2017

Review Status: