

|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|------------------------------------------|-------|----------------------------------------------------------|---------|--------------------------------------------------------|--|------------|--|--------------------|--|-------------|--|--------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>XX164</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 FRAAZA CONSTRUCTION                                     |  |                                                                      |  |                            |  | Phone # (715)551-2979                                                                                                       |  | <b>1. Well Location</b>                                                 |  |                                          |       | Fire # (if avail.)                                       |         |                                                        |  |            |  |                    |  |             |  |              |  |
| Mailing Address N1149 CO Y                                             |  |                                                                      |  |                            |  | Town of HEWITT                                                                                                              |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
| City BIRNAMWOOD                                                        |  |                                                                      |  |                            |  | State WI                                                                                                                    |  | Zip Code 54414                                                          |  |                                          |       | Street Address or Road Name and Number<br>H13441 HILL RD |         |                                                        |  |            |  |                    |  |             |  |              |  |
| County Marathon                                                        |  | Co. Permit #                                                         |  | Notification # 6577473601  |  | Completed 09-20-2016                                                                                                        |  | Subdivision Name                                                        |  |                                          | Lot # |                                                          | Block # |                                                        |  |            |  |                    |  |             |  |              |  |
| Well Constructor (Business Name)<br>EDWARD J DREWS                     |  |                                                                      |  | Lic. # 327                 |  | Facility ID # (Public Wells)                                                                                                |  | Latitude / Longitude in Decimal Degree (DD)<br>45.09633 °N -89.44857 °W |  |                                          |       | Method Code<br>SCR002                                    |         |                                                        |  |            |  |                    |  |             |  |              |  |
| Address DREWS WELL DRLG<br>RINGLE WI 54471                             |  |                                                                      |  | Well Plan Approval #       |  | NE SE                                                                                                                       |  | Section 7                                                               |  | Township 30 N                            |       | Range 9 E                                                |         |                                                        |  |            |  |                    |  |             |  |              |  |
|                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  | or Govt Lot #                                                                                                               |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity<br>0     |  | <b>2. Well Type</b> New Well                                                                                                |  |                                                                         |  | of previous unique well # constructed in |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
| <b>3. Well serves</b> 1 # of Private, potable                          |  |                                                                      |  | Hicap Well ? No            |  | Reason for replaced or reconstructed well ?                                                                                 |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  | Hicap Property ? No        |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
|                                                                        |  |                                                                      |  | Hicap Potable ?            |  | Construction Type Drilled                                                                                                   |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                 |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         | <b>8. Geology</b>                                      |  |            |  |                    |  |             |  |              |  |
| Dia. (in.)                                                             |  | From (ft.)                                                           |  | To (ft.)                   |  | Upper Enlarged Drillhole                                                                                                    |  |                                                                         |  | Lower Open Bedrock                       |       | Geology Codes                                            |         | Type, Caving/Noncaving, Color, Hardness, etc...        |  | From (ft.) |  | To (ft.)           |  |             |  |              |  |
| 10                                                                     |  | Surface                                                              |  | 50                         |  | <u>Yes</u> Rotary - Mud Circulation .....                                                                                   |  |                                                                         |  | <u>No</u>                                |       | - - C -                                                  |         | CLAY                                                   |  | Surface    |  | 44                 |  |             |  |              |  |
| 6                                                                      |  | 50                                                                   |  | 205                        |  | <u>No</u> Rotary - Air .....                                                                                                |  |                                                                         |  | <u>Yes</u>                               |       | - D Q C                                                  |         | DECOMPOSED GRANITE W/CLAY                              |  | 44         |  | 50                 |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  | Rotary - Air & Foam .....                                                                                                   |  |                                                                         |  |                                          |       | - S Q -                                                  |         | SOFT GRANITE                                           |  | 50         |  | 65                 |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  | Drill-Through Casing Hammer                                                                                                 |  |                                                                         |  |                                          |       | - - Q -                                                  |         | GRANITE                                                |  | 65         |  | 205                |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  | Reverse Rotary                                                                                                              |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  | Cable-tool Bit ___ in. dia...                                                                                               |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  | Dual Rotary .....                                                                                                           |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  | Temp. Outer Casing ___ in. dia                                                                                              |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  | Removed? ___ depth ft. (If NO explain on back side)                                                                         |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         | <b>9. Static Water Level</b>                           |  |            |  | <b>11. Well Is</b> |  |             |  |              |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                |  | 26 ft. below ground surface              |       |                                                          |         | 20 in. above grade                                     |  |            |  |                    |  |             |  |              |  |
| 6                                                                      |  | HYUNDAI A53B 18.97 WELDED                                            |  |                            |  | Surface                                                                                                                     |  | 50                                                                      |  | <b>10. Pump Test</b>                     |       |                                                          |         | Developed ? Yes                                        |  |            |  |                    |  |             |  |              |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                |  | Pumping level 200 ft. below surface      |       |                                                          |         | Disinfected ? Yes                                      |  |            |  |                    |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  | Pumping at 1 GP M for 4 Hrs.             |       |                                                          |         | Capped ? Yes                                           |  |            |  |                    |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  | Pumping Method ?                         |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |            |  |                    |  |             |  |              |  |
| Method CIRCULATION                                                     |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         | Filled & Sealed Well(s) as needed?                     |  |            |  |                    |  |             |  |              |  |
| Kind of Sealing Material                                               |  |                                                                      |  | From (ft.)                 |  | To (ft.)                                                                                                                    |  | # Sacks Cement                                                          |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
| DRILL CUTTINGS                                                         |  |                                                                      |  | Surface                    |  | 50                                                                                                                          |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         | <b>13. Constructor / Supervisory Driller</b>           |  |            |  | Lic #              |  | Date Signed |  |              |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         | EJD                                                    |  |            |  |                    |  |             |  | 10-11-2016   |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         | Drill Rig Operator                                     |  |            |  |                    |  |             |  | Lic or Reg # |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                                                         |  |                                          |       |                                                          |         |                                                        |  |            |  |                    |  |             |  |              |  |

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

| Type              | Qualifier | Distance | Type                             | Qualifier | Distance |
|-------------------|-----------|----------|----------------------------------|-----------|----------|
| Building Overhang |           | 16       | Septic or Holding, or POWTS Tank |           | 75       |

Comment:

Created On: 11-14-2016

Updated On: 05-11-2020

Review Status: