

|                                                                        |  |                                                                      |  |                           |  |                                                                                                                             |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|---------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|------------------------------------------|--|--------------------------------------------------------|--|-------------------------------------------------|--|--------------------|--|----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>XX376</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 BRENNAN, TOM                                            |  |                                                                      |  |                           |  | Phone # (608)643-4488                                                                                                       |  | <b>1. Well Location</b>                     |  |                                          |  | Fire # (if avail.)                                     |  |                                                 |  |                    |  |          |  |
| Mailing Address 1508 PARKVIEW CT                                       |  |                                                                      |  |                           |  | Town of PRAIRIE DU SAC                                                                                                      |  |                                             |  |                                          |  | E9852                                                  |  |                                                 |  |                    |  |          |  |
| City PRAIRIE DU SAC                                                    |  |                                                                      |  |                           |  | State WI                                                                                                                    |  | Zip Code 53578                              |  |                                          |  | Street Address or Road Name and Number                 |  |                                                 |  |                    |  |          |  |
| E9852 SKUNK VALLEY RD                                                  |  |                                                                      |  |                           |  | Subdivision Name                                                                                                            |  |                                             |  | Lot #                                    |  | Block #                                                |  |                                                 |  |                    |  |          |  |
| County Sauk                                                            |  | Co. Permit #                                                         |  | Notification # 6900936101 |  | Completed 09-06-2017                                                                                                        |  | Latitude / Longitude in Decimal Degree (DD) |  |                                          |  | Method Code                                            |  |                                                 |  |                    |  |          |  |
| Well Constructor (Business Name) DAVID WILLIAM SMITH                   |  |                                                                      |  |                           |  | Lic. # 38                                                                                                                   |  | Facility ID # (Public Wells)                |  |                                          |  | GPS008                                                 |  |                                                 |  |                    |  |          |  |
| Address D W SMITH WELL DRILLING<br>BARABOO WI 53913                    |  |                                                                      |  |                           |  | Well Plan Approval #                                                                                                        |  | SE SW                                       |  | Section 7                                |  | Township 9 N                                           |  | Range 6 E                                       |  |                    |  |          |  |
|                                                                        |  |                                                                      |  |                           |  | Approval Date (mm-dd-yyyy)                                                                                                  |  | or Govt Lot #                               |  | Township 9 N                             |  | Range 6 E                                              |  |                                                 |  |                    |  |          |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity 5       |  | <b>2. Well Type</b> New Well                                                                                                |  |                                             |  | of previous unique well # constructed in |  |                                                        |  |                                                 |  |                    |  |          |  |
| Reason for replaced or reconstructed well ?                            |  |                                                                      |  |                           |  | NEW SHED                                                                                                                    |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
| <b>3. Well serves</b> 1 # of SHED                                      |  |                                                                      |  |                           |  | Hicap Well ? No                                                                                                             |  | Construction Type Drilled                   |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
| Private, potable                                                       |  |                                                                      |  |                           |  | Hicap Property ? No                                                                                                         |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  |                           |  | Hicap Potable ?                                                                                                             |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                      |  |                           |  |                                                                                                                             |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                 |  |                                                                      |  |                           |  |                                                                                                                             |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
| Dia. (in.)                                                             |  | From (ft.)                                                           |  | To (ft.)                  |  | Upper Enlarged Drillhole                                                                                                    |  | Lower Open Bedrock                          |  | <b>8. Geology</b>                        |  | Geology Codes                                          |  | Type, Caving/Noncaving, Color, Hardness, etc... |  | From (ft.)         |  | To (ft.) |  |
| 10                                                                     |  | Surface                                                              |  | 105                       |  | Rotary - Mud Circulation .....                                                                                              |  |                                             |  | - - C I                                  |  | CLAY, DIRT                                             |  | Surface                                         |  | 6                  |  |          |  |
| 6                                                                      |  | 105                                                                  |  | 156                       |  | Rotary - Air .....                                                                                                          |  |                                             |  | - S N -                                  |  | VERY SOFT SANDSTONE                                    |  | 6                                               |  | 101                |  |          |  |
|                                                                        |  |                                                                      |  |                           |  | Rotary - Air & Foam .....                                                                                                   |  |                                             |  | - H N -                                  |  | FIRM SANDSTONE                                         |  | 101                                             |  | 156                |  |          |  |
|                                                                        |  |                                                                      |  |                           |  | Drill-Through Casing Hammer                                                                                                 |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
|                                                                        |  |                                                                      |  |                           |  | Reverse Rotary                                                                                                              |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
|                                                                        |  |                                                                      |  |                           |  | Yes Cable-tool Bit 10in. dia...                                                                                             |  | Yes                                         |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
|                                                                        |  |                                                                      |  |                           |  | 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.)                                    |  | 44 ft. below ground surface              |  |                                                        |  | 22 in. above grade                              |  |                    |  |          |  |
| 6                                                                      |  | STEEL ASTM A53 18.97 WELDED JOINT<br>WHEATLAND USA                   |  |                           |  | Surface                                                                                                                     |  | 105                                         |  | <b>10. Pump Test</b>                     |  |                                                        |  | Developed ? Yes                                 |  |                    |  |          |  |
|                                                                        |  |                                                                      |  |                           |  |                                                                                                                             |  |                                             |  | Pumping level 48 ft. below surface       |  |                                                        |  | Disinfected ? Yes                               |  |                    |  |          |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                           |  | From (ft.)                                                                                                                  |  | To (ft.)                                    |  | Pumping at 20 GP M for 8 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 TREMIE PIPE PUMPED                                              |  |                                                                      |  |                           |  |                                                                                                                             |  |                                             |  |                                          |  | Filled & Sealed Well(s) as needed? No                  |  |                                                 |  |                    |  |          |  |
| Kind of Sealing Material                                               |  | From (ft.)                                                           |  | To (ft.)                  |  | # Sacks Cement                                                                                                              |  |                                             |  | NONE ON PROPERTY                         |  |                                                        |  |                                                 |  |                    |  |          |  |
| NEAT CEMENT                                                            |  | Surface                                                              |  | 105                       |  | 38 S                                                                                                                        |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |  |                           |  |                                                                                                                             |  |                                             |  |                                          |  | Lic #                                                  |  | Date Signed                                     |  |                    |  |          |  |
| DWS                                                                    |  |                                                                      |  |                           |  |                                                                                                                             |  |                                             |  |                                          |  |                                                        |  | 09-13-2017                                      |  |                    |  |          |  |
| Drill Rig Operator                                                     |  |                                                                      |  |                           |  |                                                                                                                             |  |                                             |  |                                          |  | Lic or Reg #                                           |  | Date Signed                                     |  |                    |  |          |  |
|                                                                        |  |                                                                      |  |                           |  |                                                                                                                             |  |                                             |  |                                          |  |                                                        |  |                                                 |  |                    |  |          |  |

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

| Type              | Qualifier | Distance |
|-------------------|-----------|----------|
| Building Overhang |           | 8        |

Comment:

Created On: 10-09-2017

Updated On: 10-09-2017

Review Status: