

|                                                                        |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
|------------------------------------------------------------------------|---|-------------------------------------------------------------------|---|-------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------------------|--|----------------------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |   |                                                                   |   | <b>YM783</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 BARHYTE, BOB                                            |   |                                                                   |   |                                                 |  | Phone # (715)456-7638                                                                                                       |  | <b>1. Well Location</b>                     |  |                                             |  | Fire # (if avail.)                     |  |
| Mailing Address N9293 US HWY 12/27                                     |   |                                                                   |   |                                                 |  | Town of ALMA                                                                                                                |  |                                             |  |                                             |  | N9303                                  |  |
| City MERRILLAN                                                         |   |                                                                   |   |                                                 |  | State WI                                                                                                                    |  | Zip Code 54754                              |  |                                             |  | Street Address or Road Name and Number |  |
| US HWY 12/27                                                           |   |                                                                   |   |                                                 |  | Subdivision Name                                                                                                            |  |                                             |  | Lot #                                       |  | Block #                                |  |
| County Jackson                                                         |   | Co. Permit #                                                      |   | Notification # 55901796                         |  | Completed 07-20-2015                                                                                                        |  | Latitude / Longitude in Decimal Degree (DD) |  |                                             |  | Method Code                            |  |
| Well Constructor (Business Name) KELLY OIUM WELL DRILLING INC          |   |                                                                   |   | Lic. # 8217                                     |  | Facility ID # (Public Wells)                                                                                                |  |                                             |  | 44.4074 °N -90.8235 °W                      |  | GCD013                                 |  |
| Address N50021 MISSELL ROAD STRUM WI 54770                             |   |                                                                   |   | Well Plan Approval #                            |  | SE SE                                                                                                                       |  | Section 2                                   |  | Township 22 N                               |  | Range 4 W                              |  |
|                                                                        |   |                                                                   |   | Approval Date (mm-dd-yyyy)                      |  | or Govt Lot #                                                                                                               |  |                                             |  |                                             |  |                                        |  |
| Hicap Permanent Well #                                                 |   |                                                                   |   | Common Well #                                   |  | Specific Capacity 2.5                                                                                                       |  |                                             |  | <b>2. Well Type</b> New Well                |  |                                        |  |
| Reason for replaced or reconstructed well ?                            |   |                                                                   |   |                                                 |  | of previous unique well # constructed in                                                                                    |  |                                             |  |                                             |  |                                        |  |
| <b>3. Well serves</b> 1 # of HOME                                      |   |                                                                   |   |                                                 |  | Hicap Well ? No                                                                                                             |  |                                             |  | Reason for replaced or reconstructed well ? |  |                                        |  |
| Private, potable                                                       |   |                                                                   |   |                                                 |  | Hicap Property ? No                                                                                                         |  |                                             |  | Construction Type Drilled                   |  |                                        |  |
| 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                          |  |                                        |  |
| 10                                                                     |   | Surface                                                           |   | 5                                               |  | No Rotary - Mud Circulation .....                                                                                           |  |                                             |  | No                                          |  |                                        |  |
| 6                                                                      |   | 5                                                                 |   | 33                                              |  | No Rotary - Air .....                                                                                                       |  |                                             |  | No                                          |  |                                        |  |
|                                                                        |   |                                                                   |   |                                                 |  | No Rotary - Air & Foam .....                                                                                                |  |                                             |  | No                                          |  |                                        |  |
|                                                                        |   |                                                                   |   |                                                 |  | No Drill-Through Casing Hammer                                                                                              |  |                                             |  |                                             |  |                                        |  |
|                                                                        |   |                                                                   |   |                                                 |  | No Reverse Rotary                                                                                                           |  |                                             |  |                                             |  |                                        |  |
|                                                                        |   |                                                                   |   |                                                 |  | No Cable-tool Bit ___ in. dia...                                                                                            |  |                                             |  | No                                          |  |                                        |  |
|                                                                        |   |                                                                   |   |                                                 |  | No Dual Rotary .....                                                                                                        |  |                                             |  | No                                          |  |                                        |  |
|                                                                        |   |                                                                   |   |                                                 |  | No Temp. Outer Casing ___ in. dia                                                                                           |  |                                             |  |                                             |  |                                        |  |
|                                                                        |   |                                                                   |   |                                                 |  | No Removed? ___ depth ft. (If NO explain on back side)                                                                      |  |                                             |  |                                             |  |                                        |  |
| <b>8. Geology</b>                                                      |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Geology Codes                                                          |   |                                                                   |   | Type, Caving/Noncaving, Color, Hardness, etc... |  |                                                                                                                             |  | From (ft.)                                  |  | To (ft.)                                    |  |                                        |  |
| T                                                                      | M | S                                                                 | - | Brown, Medium, Sand                             |  |                                                                                                                             |  | Surface                                     |  | 32                                          |  |                                        |  |
| T                                                                      | H | N                                                                 | - | Brown, Hard, Sandstone                          |  |                                                                                                                             |  | 32                                          |  | 33                                          |  |                                        |  |
| <b>6. Casing, Liner, Screen</b>                                        |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Dia. (in.)                                                             |   | Material, Weight, Specification Manufacturer & Method of Assembly |   |                                                 |  | From (ft.)                                                                                                                  |  | To (ft.)                                    |  |                                             |  |                                        |  |
| 6                                                                      |   | 6.620 X A53B.280 EW TC                                            |   |                                                 |  | Surface                                                                                                                     |  | 33                                          |  |                                             |  |                                        |  |
| Dia. (in.)                                                             |   | Screen type, material & slot size                                 |   |                                                 |  | From (ft.)                                                                                                                  |  | To (ft.)                                    |  |                                             |  |                                        |  |
| <b>7. Grout or Other Sealing Material</b>                              |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Method                                                                 |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Kind of Sealing Material                                               |   |                                                                   |   | From (ft.)                                      |  | To (ft.)                                                                                                                    |  | # Sacks Cement                              |  |                                             |  |                                        |  |
| DRILL SLURRY W/BENTONITE                                               |   |                                                                   |   | Surface                                         |  | 5                                                                                                                           |  |                                             |  |                                             |  |                                        |  |
| <b>9. Static Water Level</b>                                           |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| 14 ft. below ground surface                                            |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>10. Pump Test</b>                                                   |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Pumping level 22 ft. below surface                                     |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Pumping at 20 GP M for 1 Hrs.                                          |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Pumping Method ?                                                       |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>11. Well Is</b>                                                     |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| 18 in. above grade                                                     |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Developed ? Yes                                                        |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Disinfected ? Yes                                                      |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Capped ? Yes                                                           |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                 |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Filled & Sealed Well(s) as needed?                                     |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| <b>13. Constructor / Supervisory Driller</b>                           |   |                                                                   |   |                                                 |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Lic #                                                                  |   |                                                                   |   | Date Signed                                     |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| KO                                                                     |   |                                                                   |   | 07-23-2015                                      |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |
| Drill Rig Operator                                                     |   |                                                                   |   | Lic or Reg #                                    |  |                                                                                                                             |  | Date Signed                                 |  |                                             |  |                                        |  |
| BG                                                                     |   |                                                                   |   | 07-23-2015                                      |  |                                                                                                                             |  |                                             |  |                                             |  |                                        |  |

**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) |           | 120      | Building Overhang                |           | 70       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 178      |

Comment:

Created On: 08-03-2015

Updated On: 05-01-2020

Review Status: APPROVED