

|                                                                                            |  |                                                                      |  |                                                              |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  |                                                           |  |                                                      |  |          |  |
|--------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------|--|----------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                     |  |                                                                      |  | <b>YT265</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 DAVISON, RON                                                                |  |                                                                      |  |                                                              |  | Phone # (715)868-9745                                                                                                       |  | <b>1. Well Location</b>                                                                                                                              |  |                                                                                                                 |  | Fire # (if avail.)                                        |  |                                                      |  |          |  |
| Mailing Address 5576 PEARL LAKE LN                                                         |  |                                                                      |  |                                                              |  | Town of CONOVER                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  | 5576                                                      |  |                                                      |  |          |  |
| City CONOVER                                                                               |  |                                                                      |  |                                                              |  | State WI                                                                                                                    |  | Zip Code 54519                                                                                                                                       |  |                                                                                                                 |  | Street Address or Road Name and Number<br>PEARL LAKE LN   |  |                                                      |  |          |  |
| County Vilas                                                                               |  | Co. Permit #                                                         |  | Notification #                                               |  | Completed 07-14-2017                                                                                                        |  | Subdivision Name                                                                                                                                     |  |                                                                                                                 |  | Lot #<br>Block #                                          |  |                                                      |  |          |  |
| Well Constructor (Business Name)<br>BRADLEY M HARTMAN                                      |  |                                                                      |  | Lic. # 7084                                                  |  | Facility ID # (Public Wells)                                                                                                |  | Latitude / Longitude in Decimal Degree (DD)<br>46.0536 °N -89.3114 °W                                                                                |  |                                                                                                                 |  | Method Code<br>GCD013                                     |  |                                                      |  |          |  |
| Address HARTMAN WELL DRLG & PUMP<br>CONOVER WI 54519                                       |  |                                                                      |  | Well Plan Approval #                                         |  | NW NE Section Township Range<br>or Govt Lot # 12 41 N 9 E                                                                   |  | <b>2. Well Type</b> New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>Construction Type Drilled |  |                                                                                                                 |  |                                                           |  |                                                      |  |          |  |
|                                                                                            |  |                                                                      |  | Approval Date (mm-dd-yyyy)                                   |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  |                                                           |  |                                                      |  |          |  |
| Hicap Permanent Well #                                                                     |  | Common Well #                                                        |  | Specific Capacity 0.5                                        |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  |                                                           |  |                                                      |  |          |  |
| <b>3. Well serves</b> 1 # of HOME<br>Private, potable<br>Heat Exchange ___ # of drillholes |  |                                                                      |  | Hicap Well ? No<br>Hicap Property ? No<br>Hicap Potable ? No |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  |                                                           |  |                                                      |  |          |  |
| <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                                                                                                                                   |  | Geology Codes                                                                                                   |  | Type, Caving/Noncaving, Color, Hardness, etc...           |  | From (ft.)                                           |  | To (ft.) |  |
| 6                                                                                          |  | Surface                                                              |  | 60                                                           |  | No Rotary - Mud Circulation .....                                                                                           |  | No                                                                                                                                                   |  | - Q S -                                                                                                         |  | CAVING, SAND                                              |  | Surface                                              |  | 10       |  |
|                                                                                            |  |                                                                      |  |                                                              |  | No Rotary - Air .....                                                                                                       |  | No                                                                                                                                                   |  | G - S -                                                                                                         |  | GRAY, SAND                                                |  | 10                                                   |  | 45       |  |
|                                                                                            |  |                                                                      |  |                                                              |  | No Rotary - Air & Foam .....                                                                                                |  | No                                                                                                                                                   |  | T - S -                                                                                                         |  | TAN/BROWN, SAND                                           |  | 45                                                   |  | 60       |  |
|                                                                                            |  |                                                                      |  |                                                              |  | Yes 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>6. Casing, Liner, Screen</b>                                                            |  |                                                                      |  |                                                              |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  | <b>8. Geology</b>                                         |  |                                                      |  |          |  |
| Dia. (in.)                                                                                 |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                                                              |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                                                                                             |  | <b>9. Static Water Level</b><br>10 ft. below ground surface                                                     |  |                                                           |  | <b>11. Well Is</b><br>10 in. below grade             |  |          |  |
| 6                                                                                          |  | WHEATLAND STEEL WELDED 0.280A53GRB                                   |  |                                                              |  | Surface                                                                                                                     |  | 57                                                                                                                                                   |  | <b>10. Pump Test</b><br>Pumping level 40 ft. below surface<br>Pumping at 15 GP M for 2 Hrs.<br>Pumping Method ? |  |                                                           |  | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |          |  |
| Dia. (in.)                                                                                 |  | Screen type, material & slot size                                    |  |                                                              |  | From (ft.)                                                                                                                  |  | To (ft.)                                                                                                                                             |  |                                                                                                                 |  |                                                           |  |                                                      |  |          |  |
| 6                                                                                          |  | 10 SLOT JOHNSON STAINLESS                                            |  |                                                              |  | 57                                                                                                                          |  | 60                                                                                                                                                   |  |                                                                                                                 |  |                                                           |  |                                                      |  |          |  |
| <b>7. Grout or Other Sealing Material</b><br>Method MOUNDED                                |  |                                                                      |  |                                                              |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> No |  |                                                      |  |          |  |
| Kind of Sealing Material                                                                   |  |                                                                      |  | From (ft.)                                                   |  | To (ft.)                                                                                                                    |  | # Sacks Cement                                                                                                                                       |  | Filled & Sealed Well(s) as needed? No                                                                           |  |                                                           |  |                                                      |  |          |  |
|                                                                                            |  |                                                                      |  | Surface                                                      |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  |                                                           |  |                                                      |  |          |  |
| <b>13. Constructor / Supervisory Driller</b>                                               |  |                                                                      |  |                                                              |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  | Lic #                                                     |  | Date Signed                                          |  |          |  |
| BH                                                                                         |  |                                                                      |  |                                                              |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  |                                                           |  | 07-14-2017                                           |  |          |  |
| Drill Rig Operator                                                                         |  |                                                                      |  |                                                              |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  | Lic or Reg #                                              |  | Date Signed                                          |  |          |  |
| JZ                                                                                         |  |                                                                      |  |                                                              |  |                                                                                                                             |  |                                                                                                                                                      |  |                                                                                                                 |  |                                                           |  | 07-14-2017                                           |  |          |  |

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

| Type              | Qualifier | Distance |
|-------------------|-----------|----------|
| Building Overhang |           | 15       |

Comment: CASING IS BELOW GRADE IN SECTION 11. NO NOTIFICATION. NEVER GOT A RESPONSE FROM DRILLER.

Created On: 07-25-2017

Updated On: 06-30-2020

Review Status: APPROVED