

|                                                                                            |                                                                               |                           |                                                        |                            |                              |                                                                                                                                                                               |                                                                      |                       |                                                                    |                    |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------|----------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------|--------------------|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                     |                                                                               |                           |                                                        | <b>YU850</b>               |                              | <b>Drinking Water and Groundwater - DG/5</b><br><b>Department of Natural Resources, Box 7921</b><br><b>Madison WI 53707</b> <span style="float: right;">Form 3300-077A</span> |                                                                      |                       |                                                                    |                    |
| Property Owner JOHNSON, SHAWN                                                              |                                                                               |                           |                                                        |                            | Phone # (608)243-2848        |                                                                                                                                                                               | <b>1. Well Location</b>                                              |                       |                                                                    | Fire # (if avail.) |
| Mailing Address 2066 240TH AVE                                                             |                                                                               |                           |                                                        |                            | Town of EUREKA               |                                                                                                                                                                               |                                                                      |                       |                                                                    |                    |
| City LUCK                                                                                  |                                                                               |                           |                                                        |                            | State WI                     | Zip Code 54853                                                                                                                                                                |                                                                      |                       |                                                                    |                    |
| County Polk                                                                                | Co. Permit #                                                                  | Notification # 7101334901 |                                                        | Completed 03-12-2018       | Subdivision Name             |                                                                                                                                                                               |                                                                      | Lot #                 | Block #                                                            |                    |
| Well Constructor (Business Name) BRYAN COX                                                 |                                                                               |                           |                                                        | Lic. # 6644                | Facility ID # (Public Wells) |                                                                                                                                                                               | Latitude / Longitude in Decimal Degree (DD) 45.55362 °N -92.58375 °W |                       | Method Code SCR002                                                 |                    |
| Address BLC WELL DRLG & PUMP SERV<br>MILLTOWN WI 54858                                     |                                                                               |                           |                                                        | Well Plan Approval #       |                              | NE NW                                                                                                                                                                         | Section 3                                                            | Township 35 N         | Range 18 W                                                         |                    |
|                                                                                            |                                                                               |                           |                                                        | Approval Date (mm-dd-yyyy) |                              | or Govt Lot #                                                                                                                                                                 |                                                                      |                       |                                                                    |                    |
| Hicap Permanent Well #                                                                     |                                                                               | Common Well #             |                                                        | Specific Capacity 4        |                              | <b>2. Well Type</b> New Well                                                                                                                                                  |                                                                      |                       |                                                                    |                    |
| <b>3. Well serves</b> 1 # of home<br>Private, potable<br>Heat Exchange ___ # of drillholes |                                                                               |                           |                                                        |                            | Hicap Well ? No              |                                                                                                                                                                               | Reason for replaced or reconstructed well ?                          |                       |                                                                    |                    |
|                                                                                            |                                                                               |                           |                                                        |                            | 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>                                     |                                                                               |                           |                                                        |                            |                              |                                                                                                                                                                               |                                                                      |                       |                                                                    |                    |
| Dia. (in.) 6                                                                               | From (ft.) Surface                                                            | To (ft.) 136              | Upper Enlarged Drillhole                               |                            |                              | Lower Open Bedrock                                                                                                                                                            |                                                                      | <b>8. Geology</b>     |                                                                    |                    |
|                                                                                            |                                                                               |                           | No Rotary - Mud Circulation .....                      |                            |                              | No                                                                                                                                                                            |                                                                      | Geology Codes R - Z - | Type, Caving/Noncaving, Color, Hardness, etc... Red, Clay & Gravel |                    |
|                                                                                            |                                                                               |                           | Yes Rotary - Air .....                                 |                            |                              | No                                                                                                                                                                            |                                                                      | T - S -               | Tan/Brown, Sand                                                    |                    |
|                                                                                            |                                                                               |                           | No Rotary - Air & Foam .....                           |                            |                              | No                                                                                                                                                                            |                                                                      | R - Z -               | Red, Clay & Gravel                                                 |                    |
|                                                                                            |                                                                               |                           | Yes Drill-Through Casing Hammer                        |                            |                              |                                                                                                                                                                               |                                                                      | T - G -               | Tan/Brown, Gravel/Cobbles/Boulders/Stones                          |                    |
|                                                                                            |                                                                               |                           | 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>                                                            |                                                                               |                           |                                                        |                            |                              |                                                                                                                                                                               |                                                                      |                       |                                                                    |                    |
| Dia. (in.) 6                                                                               | Material, Weight, Specification casing steel welded ispco a53 19lb 6.625x.280 |                           |                                                        | From (ft.) Surface         | To (ft.) 136                 | <b>9. Static Water Level</b>                                                                                                                                                  |                                                                      |                       | <b>11. Well Is</b>                                                 |                    |
|                                                                                            |                                                                               |                           |                                                        |                            |                              | 75 ft. below ground surface                                                                                                                                                   |                                                                      |                       | 18 in. above grade                                                 |                    |
| Dia. (in.)                                                                                 | Screen type, material & slot size                                             |                           |                                                        | From (ft.)                 | To (ft.)                     | <b>10. Pump Test</b>                                                                                                                                                          |                                                                      |                       | Developed ? Yes                                                    |                    |
|                                                                                            |                                                                               |                           |                                                        |                            |                              | Pumping level 80 ft. below surface                                                                                                                                            |                                                                      |                       | Disinfected ? Yes                                                  |                    |
|                                                                                            |                                                                               |                           |                                                        |                            |                              | Pumping at 20 GP M for 1 Hrs.                                                                                                                                                 |                                                                      |                       | Capped ? Yes                                                       |                    |
|                                                                                            |                                                                               |                           |                                                        |                            |                              | Pumping Method ?                                                                                                                                                              |                                                                      |                       |                                                                    |                    |
| <b>7. Grout or Other Sealing Material</b>                                                  |                                                                               |                           |                                                        |                            |                              |                                                                                                                                                                               |                                                                      |                       |                                                                    |                    |
| Method mounded                                                                             |                                                                               |                           |                                                        |                            |                              |                                                                                                                                                                               |                                                                      |                       |                                                                    |                    |
| Kind of Sealing Material Granular bentonite                                                |                                                                               | From (ft.) Surface        | To (ft.)                                               | # Sacks Cement 2           |                              | <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                                                          |                       |                                                                    |                    |
| bc                                                                                         |                                                                               |                           |                                                        |                            |                              |                                                                                                                                                                               | 04-24-2018                                                           |                       |                                                                    |                    |
| Drill Rig Operator                                                                         |                                                                               |                           |                                                        |                            |                              | Lic or Reg #                                                                                                                                                                  | Date Signed                                                          |                       |                                                                    |                    |
|                                                                                            |                                                                               |                           |                                                        |                            |                              |                                                                                                                                                                               |                                                                      |                       |                                                                    |                    |

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

| Type                             | Qualifier | Distance |
|----------------------------------|-----------|----------|
| Septic or Holding, or POWTS Tank |           | 25       |

Comment:

Created On: 04-30-2018

Updated On: 06-30-2020

Review Status: APPROVED