

|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                      |  |                                                                                                                                              |  |                                                                                                  |  |                                                      |  |             |  |  |  |
|--------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|-------------|--|--|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                     |  |                                                                      |  | <b>YV832</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 HUGHEY, LANCE                                                               |  |                                                                      |  |                                                           |  | Phone #                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>1. Well Location</b>                                                                                                                              |  |                                                                                                                                              |  | Fire # (if avail.)                                                                               |  |                                                      |  |             |  |  |  |
| Mailing Address PO BOX 361                                                                 |  |                                                                      |  |                                                           |  | Town of FARMINGTON                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                      |  |                                                                                                                                              |  | W2137                                                                                            |  |                                                      |  |             |  |  |  |
| City LACROSSE                                                                              |  |                                                                      |  |                                                           |  | State WI                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Zip Code 54602                                                                                                                                       |  |                                                                                                                                              |  | Street Address or Road Name and Number<br>DAVIS CREEK RD                                         |  |                                                      |  |             |  |  |  |
| County La Crosse                                                                           |  | Co. Permit # 33857                                                   |  | Notification # 7181534701                                 |  | Completed 05-09-2018                                                                                                                                                                                                                                                                                                                                                                                                            |  | Subdivision Name                                                                                                                                     |  |                                                                                                                                              |  | Lot #<br>Block #                                                                                 |  |                                                      |  |             |  |  |  |
| Well Constructor (Business Name)<br>JAKE J SCHAITEL                                        |  |                                                                      |  | Lic. # 3822                                               |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                      |  | Latitude / Longitude in Decimal Degree (DD)<br>44.0517 °N -91.0155 °W                                                                        |  |                                                                                                  |  |                                                      |  |             |  |  |  |
| Address TRI COUNTY WELL DRILLING<br>SPARTA WI 54656-5603                                   |  |                                                                      |  | Well Plan Approval #                                      |  | SE NE Section Township Range<br>or Govt Lot # 7 18 N 5 W                                                                                                                                                                                                                                                                                                                                                                        |  | <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<br>0.4                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                      |  |                                                                                                                                              |  |                                                                                                  |  |                                                      |  |             |  |  |  |
| <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 ? |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                      |  |                                                                                                                                              |  |                                                                                                  |  |                                                      |  |             |  |  |  |
| <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                                                              |  | 100                                                       |  | <u>No</u> Rotary - Mud Circulation ..... <u>No</u><br><u>Yes</u> Rotary - Air ..... <u>Yes</u><br><u>No</u> Rotary - Air & Foam ..... <u>No</u><br><u>No</u> Drill-Through Casing Hammer<br><u>No</u> Reverse Rotary<br><u>No</u> Cable-tool Bit ___ in. dia... <u>No</u><br><u>No</u> Dual Rotary ..... <u>No</u><br><u>No</u> Temp. Outer Casing ___ in. dia<br><u>No</u> Removed? ___ depth ft. (If NO explain on back side) |  |                                                                                                                                                      |  | T Q S - Tan/Brown, Caving, Sand<br>G Q U - Gray, Caving, Mud or Muck<br>U H H - Blue, Hard/Firm, Shale<br>G H N - Gray, Hard/Firm, Sandstone |  | Surface<br>56<br>67<br>73<br>100                                                                 |  |                                                      |  |             |  |  |  |
| <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>45 ft. below ground surface                                                                                  |  |                                                                                                  |  | <b>11. Well Is</b><br>19 in. above grade             |  |             |  |  |  |
| 6                                                                                          |  | new pe black steel astma 53 18.95 280 wall weld usa ipSCO            |  |                                                           |  | Surface                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 68                                                                                                                                                   |  | <b>10. Pump Test</b><br>Pumping level 87 ft. below surface<br>Pumping at 18 GP M for 3 Hrs.<br>Pumping Method ?                              |  |                                                                                                  |  | Developed ? Yes<br>Disinfected ? Yes<br>Capped ? Yes |  |             |  |  |  |
| Dia. (in.)                                                                                 |  | Screen type, material & slot size                                    |  |                                                           |  | From (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                      |  | To (ft.)                                                                                                                                             |  |                                                                                                                                              |  |                                                                                                  |  |                                                      |  |             |  |  |  |
| <b>7. Grout or Other Sealing Material</b><br>Method drive thru                             |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                      |  |                                                                                                                                              |  | <b>12. Notified Owner of need to fill &amp; seal ?</b><br>Filled & Sealed Well(s) as needed? Yes |  |                                                      |  |             |  |  |  |
| Kind of Sealing Material                                                                   |  |                                                                      |  | From (ft.)                                                |  | To (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                        |  | # Sacks Cement                                                                                                                                       |  | <b>13. Constructor / Supervisory Driller</b>                                                                                                 |  |                                                                                                  |  | Lic #                                                |  | Date Signed |  |  |  |
| Granular bentonite                                                                         |  |                                                                      |  | Surface                                                   |  | 10                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 4                                                                                                                                                    |  | js                                                                                                                                           |  |                                                                                                  |  |                                                      |  | 05-11-2018  |  |  |  |
|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                      |  | Drill Rig Operator                                                                                                                           |  |                                                                                                  |  | Lic or Reg #                                         |  | Date Signed |  |  |  |
|                                                                                            |  |                                                                      |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                      |  |                                                                                                                                              |  |                                                                                                  |  |                                                      |  |             |  |  |  |

**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) |           | 79       | Building Overhang                |           | 31       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 55       |

Comment:

Created On: 05-14-2018

Updated On: 04-30-2020

Review Status: APPROVED