

|                                                                        |  |                                                                      |  |                                                 |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                    |  |                           |  |                |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|-----------------------------------------------------------------------|--|----------------------------------------------------|--|---------------------------|--|----------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>YW891</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 SCHWARTZ, RON                                           |  |                                                                      |  |                                                 |  | Phone # (715)324-5370                                                                                                       |  | <b>1. Well Location</b>   |  |                                                                       |  | Fire # (if avail.)                                 |  |                           |  |                |  |
| Mailing Address W8302 WECKERLE RD                                      |  |                                                                      |  |                                                 |  | Town of PEMBINE                                                                                                             |  |                           |  |                                                                       |  | W8302                                              |  |                           |  |                |  |
| City PEMBINE                                                           |  |                                                                      |  |                                                 |  | State WI                                                                                                                    |  | Zip Code 54156            |  |                                                                       |  | Street Address or Road Name and Number<br>WECKERLE |  |                           |  |                |  |
| County Marinette                                                       |  | Co. Permit #                                                         |  | Notification # 7079475701                       |  | Completed 02-07-2018                                                                                                        |  | Subdivision Name          |  |                                                                       |  | Lot #                                              |  | Block #                   |  |                |  |
| Well Constructor (Business Name)<br>DOUGLAS J MORIN                    |  |                                                                      |  | Lic. # 6311                                     |  | Facility ID # (Public Wells)                                                                                                |  |                           |  | Latitude / Longitude in Decimal Degree (DD)<br>45.5885 °N -88.0099 °W |  |                                                    |  | Method Code<br>GCD013     |  |                |  |
| Address MORIN AND JOHNSON WELL DRLG & PUMP<br>NIAGARA WI 54151         |  |                                                                      |  | Well Plan Approval #                            |  |                                                                                                                             |  | NE SW                     |  | Section 16                                                            |  | Township 36 N                                      |  | Range 20 E                |  |                |  |
|                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy)                      |  |                                                                                                                             |  | or Govt Lot #             |  |                                                                       |  |                                                    |  |                           |  |                |  |
| Hicap Permanent Well #                                                 |  |                                                                      |  | Common Well #                                   |  | Specific Capacity<br>0.9                                                                                                    |  |                           |  | <b>2. Well Type</b> Replacement                                       |  |                                                    |  | of previous unique well # |  | constructed in |  |
| Reason for replaced or reconstructed well ?<br>POINT PROBLEMS          |  |                                                                      |  |                                                 |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                    |  |                           |  |                |  |
| <b>3. Well serves</b> 1 # of Private, potable                          |  |                                                                      |  |                                                 |  | Hicap Well ? No                                                                                                             |  | Construction Type Drilled |  |                                                                       |  |                                                    |  |                           |  |                |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  |                                                 |  | Hicap Property ? No                                                                                                         |  |                           |  |                                                                       |  |                                                    |  |                           |  |                |  |
| 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                                                    |  |                                                    |  |                           |  |                |  |
| 8.75                                                                   |  | Surface                                                              |  | 9                                               |  | No Rotary - Mud Circulation .....                                                                                           |  |                           |  | No                                                                    |  |                                                    |  |                           |  |                |  |
| 6                                                                      |  | 9                                                                    |  | 43                                              |  | 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.)                                           |  |                           |  |                |  |
| - - S -                                                                |  |                                                                      |  | SAND                                            |  |                                                                                                                             |  | Surface                   |  |                                                                       |  | 43                                                 |  |                           |  |                |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                                                 |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                    |  |                           |  |                |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                                                 |  | From (ft.)                                                                                                                  |  | To (ft.)                  |  | <b>9. Static Water Level</b>                                          |  |                                                    |  | <b>11. Well Is</b>        |  |                |  |
| 6                                                                      |  | ASTMA53B EXCEL .280W 18.97 LB/FT WELDED                              |  |                                                 |  | Surface                                                                                                                     |  | 40                        |  | 3 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           |  |                |  |
| 8                                                                      |  | 23 SS TELESCOPING #15                                                |  |                                                 |  | 40                                                                                                                          |  | 43                        |  | Pumping level 20 ft. below surface                                    |  |                                                    |  | Disinfected ? Yes         |  |                |  |
|                                                                        |  |                                                                      |  |                                                 |  |                                                                                                                             |  |                           |  | Pumping at 15 GP M for 1 Hrs.                                         |  |                                                    |  | Capped ? Yes              |  |                |  |
|                                                                        |  |                                                                      |  |                                                 |  |                                                                                                                             |  |                           |  | Pumping Method ?                                                      |  |                                                    |  |                           |  |                |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                                                 |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                    |  |                           |  |                |  |
| Method MOUNDED BENTONITE                                               |  |                                                                      |  |                                                 |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                    |  |                           |  |                |  |
| Kind of Sealing Material                                               |  |                                                                      |  | From (ft.)                                      |  | To (ft.)                                                                                                                    |  | # Sacks Cement            |  | 12. Notified Owner of need to fill & seal ? No                        |  |                                                    |  |                           |  |                |  |
| GRANULAR BENTONITE                                                     |  |                                                                      |  | Surface                                         |  | 40                                                                                                                          |  | 2 S                       |  | Filled & Sealed Well(s) as needed? Yes                                |  |                                                    |  |                           |  |                |  |
| WELL PIT TO BE ABANDONED IN SPRING                                     |  |                                                                      |  |                                                 |  |                                                                                                                             |  |                           |  |                                                                       |  |                                                    |  |                           |  |                |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |  | Lic #                                           |  | Date Signed                                                                                                                 |  |                           |  |                                                                       |  |                                                    |  |                           |  |                |  |
| DJM                                                                    |  |                                                                      |  |                                                 |  | 02-19-2018                                                                                                                  |  |                           |  |                                                                       |  |                                                    |  |                           |  |                |  |
| 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) | >         | 60       | Shoreline/Pool                   | >         | 50       |
| Building Drain - Sanitary                                 | >         | 35       | Sewer - Building Sanitary        | >         | 35       |
|                                                           |           |          | Septic or Holding, or POWTS Tank | >         | 50       |

Comment:

Created On: 03-27-2018

Updated On: 10-22-2019

Review Status: