

|                                                                        |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|-----------------------------------------------------------------------|--|-----------------------------------------------------------|--|-----------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>YX806</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 FARAHA, BOB                                             |  |                                                                      |  |                                                 |  | Phone #                                                                                                                                                                                                                                                                                  |  | <b>1. Well Location</b> |  |                                                                       |  | Fire # (if avail.)                                        |  |                       |  |
| Mailing Address 3401 MEADOW GREEN RD                                   |  |                                                                      |  |                                                 |  | Town of SCOTT                                                                                                                                                                                                                                                                            |  |                         |  |                                                                       |  | 3401                                                      |  |                       |  |
| City DANBURY                                                           |  |                                                                      |  |                                                 |  | State WI                                                                                                                                                                                                                                                                                 |  | Zip Code 54830          |  |                                                                       |  | Street Address or Road Name and Number<br>MEADOW GREEN RD |  |                       |  |
| County Burnett                                                         |  | Co. Permit #                                                         |  | Notification # 7037040601                       |  | Completed 12-05-2017                                                                                                                                                                                                                                                                     |  | Subdivision Name        |  |                                                                       |  | Lot #                                                     |  | Block #               |  |
| Well Constructor (Business Name)<br>DAVID M BEECROFT                   |  |                                                                      |  | Lic. # 6242                                     |  | Facility ID # (Public Wells)                                                                                                                                                                                                                                                             |  |                         |  | Latitude / Longitude in Decimal Degree (DD)<br>45.9594 °N -92.1568 °W |  |                                                           |  | Method Code<br>GCD013 |  |
| Address W8760 CTY J<br>SHELL LAKE WI 54871                             |  |                                                                      |  | Well Plan Approval #                            |  | SW SW                                                                                                                                                                                                                                                                                    |  | Section 7               |  | Township 40 N                                                         |  | Range 14 W                                                |  | or Govt Lot #         |  |
| Hicap Permanent Well #                                                 |  |                                                                      |  | Common Well #                                   |  | Specific Capacity<br>6                                                                                                                                                                                                                                                                   |  |                         |  | <b>2. Well Type</b> New Well                                          |  |                                                           |  |                       |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  | Hicap Well ? No                                 |  | Hicap Property ? No                                                                                                                                                                                                                                                                      |  |                         |  | Reason for replaced or reconstructed well ?                           |  |                                                           |  |                       |  |
| Private, potable                                                       |  |                                                                      |  | Hicap Potable ?                                 |  | Construction Type Drilled                                                                                                                                                                                                                                                                |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| <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                                                                      |  | Surface                                                              |  | 248                                             |  | Yes Rotary - Mud Circulation ..... No<br>Rotary - Air .....<br>Rotary - Air & Foam .....<br>Drill-Through Casing Hammer<br>Reverse Rotary<br>Cable-tool Bit ___ in. dia...<br>Dual Rotary .....<br>Temp. Outer Casing ___ in. dia<br>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.)                                                              |  |                                                           |  |                       |  |
| - - Y -                                                                |  |                                                                      |  | SAND & GRAVEL                                   |  |                                                                                                                                                                                                                                                                                          |  | Surface                 |  | 100                                                                   |  |                                                           |  |                       |  |
| - H Z -                                                                |  |                                                                      |  | CEMENT CLAY & GRAVEL                            |  |                                                                                                                                                                                                                                                                                          |  | 100                     |  | 235                                                                   |  |                                                           |  |                       |  |
| Y - Y -                                                                |  |                                                                      |  | YELLOW SAND & GRAVEL                            |  |                                                                                                                                                                                                                                                                                          |  | 235                     |  | 248                                                                   |  |                                                           |  |                       |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                                                 |  | From (ft.)                                                                                                                                                                                                                                                                               |  | To (ft.)                |  |                                                                       |  |                                                           |  |                       |  |
| 4                                                                      |  | CRESTLINE PVC SDR21 SOLVENT JOINT                                    |  |                                                 |  | Surface                                                                                                                                                                                                                                                                                  |  | 240                     |  |                                                                       |  |                                                           |  |                       |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                                                 |  | From (ft.)                                                                                                                                                                                                                                                                               |  | To (ft.)                |  |                                                                       |  |                                                           |  |                       |  |
| 2                                                                      |  | STAINLESS TELESCOPE 20 SLOT                                          |  |                                                 |  | 240                                                                                                                                                                                                                                                                                      |  | 248                     |  |                                                                       |  |                                                           |  |                       |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Method TREMIE PRESSURE                                                 |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Kind of Sealing Material                                               |  | From (ft.)                                                           |  | To (ft.)                                        |  | # Sacks Cement                                                                                                                                                                                                                                                                           |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| QUICK GROUT                                                            |  | Surface                                                              |  | 235                                             |  | 27 S                                                                                                                                                                                                                                                                                     |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| RED FLINT #30                                                          |  | 235                                                                  |  | 248                                             |  | 12 S                                                                                                                                                                                                                                                                                     |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| <b>9. Static Water Level</b>                                           |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| 33 ft. below ground surface                                            |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Pumping level 35 ft. below surface                                     |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Pumping at 12 GP M for 1 Hrs.                                          |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Pumping Method ?                                                       |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| <b>11. Well Is</b>                                                     |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| 18 in. above grade                                                     |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Developed ? Yes                                                        |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Disinfected ? Yes                                                      |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Capped ? Yes                                                           |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                 |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Filled & Sealed Well(s) as needed?                                     |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| Lic #                                                                  |  | Date Signed                                                          |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| DMB                                                                    |  | 12-05-2017                                                           |  |                                                 |  |                                                                                                                                                                                                                                                                                          |  |                         |  |                                                                       |  |                                                           |  |                       |  |
| 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 |           | 127      |

Comment: 1/18/18: AFTER MAP REVIEW, I CORRECTED LAT/LONG. DLR

Created On: 01-09-2018

Updated On: 06-30-2020

Review Status: