

|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------|--|---------------------------------------------|--|--------------------------------------------------------|--|-------------------------------------------------|--|--------------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>YY255</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 EKMAN NICOTAZZO, MARLENE                                |  |                                                                      |  |                            |  | Phone #                                                                                                                     |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
| Mailing Address PO BOX 97                                              |  |                                                                      |  |                            |  | 1. Well Location                                                                                                            |  |                  |  |                                             |  | Fire # (if avail.)                                     |  |                                                 |  |                    |  |             |  |
| City BAILEYS HARBOR                                                    |  |                                                                      |  |                            |  | State WI                                                                                                                    |  | Zip Code 54202   |  |                                             |  | Town of BAILEYS HARBOR                                 |  | 7760                                            |  |                    |  |             |  |
| Street Address or Road Name and Number                                 |  |                                                                      |  |                            |  | 7760 FROG TOWN RD                                                                                                           |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
| County                                                                 |  | Co. Permit #                                                         |  | Notification #             |  | Completed                                                                                                                   |  | Subdivision Name |  |                                             |  | Lot #                                                  |  | Block #                                         |  |                    |  |             |  |
| Door                                                                   |  |                                                                      |  | 7116135601                 |  | 03-28-2018                                                                                                                  |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
| Well Constructor (Business Name)                                       |  |                                                                      |  | Lic. #                     |  | Facility ID # (Public Wells)                                                                                                |  |                  |  | Latitude / Longitude in Decimal Degree (DD) |  |                                                        |  | Method Code                                     |  |                    |  |             |  |
| MARK E EUCLIDE                                                         |  |                                                                      |  | 5905                       |  |                                                                                                                             |  |                  |  | 45.0492 °N -87.1272 °W                      |  |                                                        |  | GPS008                                          |  |                    |  |             |  |
| Address EUCLIDE WELL DRILLING INC<br>STURGEON BAY WI 54235             |  |                                                                      |  | Well Plan Approval #       |  | SW NW Section Township Range                                                                                                |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  | or Govt Lot #                                                                                                               |  | 29 30 N 28 E     |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
| Hicap Permanent Well #                                                 |  |                                                                      |  | Common Well #              |  | Specific Capacity                                                                                                           |  |                  |  | 2. Well Type Replacement                    |  |                                                        |  | of previous unique well # constructed in        |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  | 0.4                                                                                                                         |  |                  |  | Reason for replaced or reconstructed well ? |  |                                                        |  | 4 IN WELL                                       |  |                    |  |             |  |
| 3. Well serves 1 # of                                                  |  |                                                                      |  | Hicap Well ? No            |  |                                                                                                                             |  |                  |  | Construction Type Drilled                   |  |                                                        |  |                                                 |  |                    |  |             |  |
| Private, potable                                                       |  |                                                                      |  | Hicap Property ? No        |  |                                                                                                                             |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  | Hicap Potable ?            |  |                                                                                                                             |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>            |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
| <b>5. Drillhole Dimensions and Construction Method</b>                 |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  | <b>8. Geology</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.)    |  |
| 8                                                                      |  | Surface                                                              |  | 145                        |  |                                                                                                                             |  |                  |  |                                             |  | - - L -                                                |  | LIMESTONE                                       |  | Surface            |  | 222         |  |
| 6                                                                      |  | 145                                                                  |  | 222                        |  | Rotary - Mud Circulation .....                                                                                              |  |                  |  | Yes                                         |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  | Rotary - Air .....                                                                                                          |  |                  |  | Yes                                         |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  | Rotary - Air & Foam .....                                                                                                   |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  | Drill-Through Casing Hammer                                                                                                 |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  | Reverse Rotary                                                                                                              |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  | Cable-tool Bit ___ in. dia...                                                                                               |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  | Dual Rotary .....                                                                                                           |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  | Temp. Outer Casing ___ in. dia                                                                                              |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  | Removed? ___ depth ft. (If NO explain on back side)                                                                         |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  | <b>9. Static Water Level</b>                           |  |                                                 |  | <b>11. Well Is</b> |  |             |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)         |  | 20 ft. below ground surface                 |  |                                                        |  | 18 in. above grade                              |  |                    |  |             |  |
| 6                                                                      |  | NEW BLACK STEEL P.E. WT. 18.97 ASTMA53B<br>IPSCO (WELDED JOINT)      |  |                            |  | Surface                                                                                                                     |  | 147              |  | <b>10. Pump Test</b>                        |  |                                                        |  | Developed ? Yes                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  | Pumping level 80 ft. below surface          |  |                                                        |  | Disinfected ? Yes                               |  |                    |  |             |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)         |  | Pumping at 25 GP M for 1 Hrs.               |  |                                                        |  | Capped ? Yes                                    |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  | Pumping Method ?                            |  |                                                        |  |                                                 |  |                    |  |             |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> |  |                                                 |  |                    |  |             |  |
| Method BRADENHEAD                                                      |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
| Kind of Sealing Material                                               |  |                                                                      |  | From (ft.)                 |  | To (ft.)                                                                                                                    |  | # Sacks Cement   |  | Filled & Sealed Well(s) as needed?          |  |                                                        |  | Yes                                             |  |                    |  |             |  |
| CEMENT                                                                 |  |                                                                      |  | Surface                    |  | 145                                                                                                                         |  | 46 S             |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  | <b>13. Constructor / Supervisory Driller</b>           |  |                                                 |  | Lic #              |  | Date Signed |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  | ME                                                     |  |                                                 |  |                    |  | 04-02-2018  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  | Drill Rig Operator                                     |  |                                                 |  | Lic or Reg #       |  | Date Signed |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                  |  |                                             |  |                                                        |  |                                                 |  |                    |  |             |  |

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

| Type                           | Qualifier | Distance |
|--------------------------------|-----------|----------|
| Collector Sewer - San or Storm |           | 25       |

Comment:

Created On: 04-17-2018

Updated On: 12-03-2019

Review Status: