

|                                                                        |  |                                                                      |  |                                   |  |                                                                                                                             |  |                                    |                    |                                                                       |  |                                                             |  |                       |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--------------------|-----------------------------------------------------------------------|--|-------------------------------------------------------------|--|-----------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>ZD627</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 GAYFORD, DAN                                            |  |                                                                      |  |                                   |  | Phone #                                                                                                                     |  | <b>1. Well Location</b>            |                    |                                                                       |  | Fire # (if avail.)                                          |  |                       |  |
| Mailing Address 1333 SLATER ST                                         |  |                                                                      |  |                                   |  | Town of LAC DU FLAMBEAU                                                                                                     |  |                                    |                    |                                                                       |  |                                                             |  |                       |  |
| City SUGARGROVE                                                        |  |                                                                      |  |                                   |  | State IL                                                                                                                    |  | Zip Code 60554                     |                    |                                                                       |  | Street Address or Road Name and Number<br>INDIAN VILLAGE RD |  |                       |  |
| County Vilas                                                           |  | Co. Permit #                                                         |  | Notification #                    |  | Completed<br>12-30-2018                                                                                                     |  | Subdivision Name                   |                    |                                                                       |  | Lot #<br>Block #                                            |  |                       |  |
| Well Constructor (Business Name)<br>HANSER BILL WELL & PUMP INC        |  |                                                                      |  | Lic. #<br>5897                    |  | Facility ID # (Public Wells)<br>Well Plan Approval #                                                                        |  |                                    |                    | Latitude / Longitude in Decimal Degree (DD)<br>45.9496 °N -89.9057 °W |  |                                                             |  | Method Code<br>GPS008 |  |
| Address PO BOX 397<br>LAC DU FLAMBEAU WI 54538-0397                    |  |                                                                      |  | Approval Date (mm-dd-yyyy)        |  | SW NE Section Township Range<br>or Govt Lot # 18 40 N 5 E                                                                   |  | <b>2. Well Type</b> Reconstruction |                    |                                                                       |  | of previous unique well # constructed in                    |  |                       |  |
| Hicap Permanent Well #                                                 |  | Common Well #                                                        |  | Specific Capacity                 |  | Reason for replaced or reconstructed well ?<br>QUALITY                                                                      |  |                                    |                    |                                                                       |  |                                                             |  |                       |  |
| <b>3. Well serves</b> 1 # of HOME                                      |  |                                                                      |  | Hicap Well ? No                   |  | Private, potable                                                                                                            |  |                                    |                    | Hicap Property ? No                                                   |  |                                                             |  |                       |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  | Hicap Potable ? Yes               |  | Construction Type Driven Point                                                                                              |  |                                    |                    |                                                                       |  |                                                             |  |                       |  |
| <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 |                                                                       |  |                                                             |  |                       |  |
| 2                                                                      |  | Surface                                                              |  | 60                                |  | No Rotary - Mud Circulation .....                                                                                           |  |                                    | No                 |                                                                       |  |                                                             |  |                       |  |
|                                                                        |  |                                                                      |  |                                   |  | 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                 |                                                                       |  |                                                             |  |                       |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  | No Temp. Outer Casing ___ in. dia |  | <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>7 ft. below ground surface            |  | <b>11. Well Is</b><br>12 in. above grade                    |  |                       |  |
| 2                                                                      |  | GALV STEEL A53 T&C                                                   |  |                                   |  | Surface                                                                                                                     |  | 57                                 |                    | <b>10. Pump Test</b><br>Pumping level ___ ft. below surface           |  | Developed ? No                                              |  |                       |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                                   |  | From (ft.)                                                                                                                  |  | To (ft.)                           |                    | Pumping at ___ GP for ___ Hrs.                                        |  | Disinfected ? No                                            |  |                       |  |
| 2                                                                      |  | STAINLESS STEEL 10 SLOT                                              |  |                                   |  | 57                                                                                                                          |  | 60                                 |                    | Pumping Method ?                                                      |  | Capped ? No                                                 |  |                       |  |
| <b>7. Grout or Other Sealing Material</b><br>Method                    |  |                                                                      |  |                                   |  |                                                                                                                             |  |                                    |                    |                                                                       |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> No   |  |                       |  |
|                                                                        |  |                                                                      |  |                                   |  |                                                                                                                             |  |                                    |                    |                                                                       |  | Filled & Sealed Well(s) as needed? No                       |  |                       |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |  |                                   |  | Lic #                                                                                                                       |  | Date Signed                        |                    |                                                                       |  |                                                             |  |                       |  |
| BH                                                                     |  |                                                                      |  |                                   |  |                                                                                                                             |  | 12-30-2018                         |                    |                                                                       |  |                                                             |  |                       |  |
| 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 |
|---------------------------------------------------------------------|-----------|----------|-----------------------------------------------------------|-----------|----------|
| Lake, Stream, River or Pond (Including Storm Water Detention Basin) | >         | 75       | POWTS dispersal component (soil absorption unit or mound) |           | 50       |
|                                                                     |           |          | Septic or Holding, or POWTS Tank                          | >         | 25       |

Comment:

Created On: 06-05-2019

Updated On: 06-25-2019

Review Status: APPROVED