

|                                                                                            |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       |                                             |                   |                                                 |            |          |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------|--------------------------------------------------------|----------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------|-------------------|-------------------------------------------------|------------|----------|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>                     |                                                                      |               |                                                        | <b>ZG961</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 FRAAZA CONST<br>Phone # (715)449-2979                                       |                                                                      |               |                                                        |                            |                              | <b>1. Well Location</b>                                                                                                     |                                                                       |                                             |                   | Fire # (if avail.)                              |            |          |
| Mailing Address 178350 BIRNAMWOOD RD                                                       |                                                                      |               |                                                        |                            |                              | Town of RINGLE                                                                                                              |                                                                       |                                             |                   |                                                 |            |          |
| City BIRNAMWOOD State WI Zip Code 54414                                                    |                                                                      |               |                                                        |                            |                              | Street Address or Road Name and Number<br>HOOT OWL RD                                                                       |                                                                       |                                             |                   |                                                 |            |          |
| County Marathon                                                                            |                                                                      | Co. Permit #  |                                                        | Notification # 7741657301  |                              | Completed 08-21-2019                                                                                                        |                                                                       | Subdivision Name                            |                   | Lot #                                           | Block #    |          |
| Well Constructor (Business Name)<br>DREWS, EDWARD J                                        |                                                                      |               |                                                        | Lic. # 327                 | Facility ID # (Public Wells) |                                                                                                                             | Latitude / Longitude in Decimal Degree (DD)<br>44.9252 °N -89.3648 °W |                                             |                   | Method Code<br>GPS008                           |            |          |
| Address DREWS WELL DRLG R15289 RINGLE AVE<br>RINGLE WI 54471                               |                                                                      |               |                                                        | Well Plan Approval #       |                              | NW                                                                                                                          | NW                                                                    | Section 12                                  | Township 28 N     | Range 9 E                                       |            |          |
|                                                                                            |                                                                      |               |                                                        | Approval Date (mm-dd-yyyy) |                              | or Govt Lot #                                                                                                               |                                                                       |                                             |                   |                                                 |            |          |
| Hicap Permanent Well #                                                                     |                                                                      | Common Well # |                                                        | Specific Capacity<br>0.6   |                              | <b>2. Well Type</b> New Well                                                                                                |                                                                       |                                             |                   |                                                 |            |          |
| <b>3. Well serves</b> 1 # of HOME<br>Private, potable<br>Heat Exchange ___ # of drillholes |                                                                      |               |                                                        |                            |                              | Hicap Well ? No                                                                                                             |                                                                       | Reason for replaced or reconstructed well ? |                   |                                                 |            |          |
|                                                                                            |                                                                      |               |                                                        |                            |                              | Hicap Property ? No                                                                                                         |                                                                       |                                             |                   |                                                 |            |          |
| <b>4. Potential Contamination Sources - ON REVERSE SIDE</b>                                |                                                                      |               |                                                        |                            |                              | Hicap Potable ? No                                                                                                          |                                                                       | Construction Type Drilled                   |                   |                                                 |            |          |
|                                                                                            |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       |                                             |                   |                                                 |            |          |
| <b>5. Drillhole Dimensions and Construction Method</b>                                     |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       |                                             |                   |                                                 |            |          |
| Dia. (in.)                                                                                 | From (ft.)                                                           | To (ft.)      | Upper Enlarged Drillhole                               |                            |                              |                                                                                                                             | Lower Open Bedrock                                                    |                                             | <b>8. Geology</b> |                                                 |            |          |
| 6                                                                                          | Surface                                                              | 78            | No Rotary - Mud Circulation .....                      |                            |                              |                                                                                                                             | No                                                                    |                                             | Geology Codes     | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|                                                                                            |                                                                      |               | No Rotary - Air .....                                  |                            |                              |                                                                                                                             | Yes                                                                   |                                             | Z Z               | Z-CLAY & GRAVEL Z-W/COBBLES/BOULDERS            | Surface    | 69       |
|                                                                                            |                                                                      |               | No Rotary - Air & Foam .....                           |                            |                              |                                                                                                                             | No                                                                    |                                             | D Q C             | D-DECOMPOSED/WEATHERED Q-GRANITE C-CLAYEY       | 69         | 76       |
|                                                                                            |                                                                      |               | No Drill-Through Casing Hammer                         |                            |                              |                                                                                                                             |                                                                       |                                             |                   |                                                 |            |          |
|                                                                                            |                                                                      |               | No Reverse Rotary                                      |                            |                              |                                                                                                                             |                                                                       |                                             | Q                 | Q-GRANITE                                       | 76         | 78       |
|                                                                                            |                                                                      |               | 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>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                                                                                          | EXLTUBE A53B 18.97 WELDED                                            |               |                                                        |                            | Surface                      | 76                                                                                                                          | 31 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                                 |            |          |
|                                                                                            |                                                                      |               |                                                        |                            |                              |                                                                                                                             | Pumping level 70 ft. below surface                                    |                                             |                   | Disinfected ? Yes                               |            |          |
|                                                                                            |                                                                      |               |                                                        |                            |                              |                                                                                                                             | Pumping at 25 GP M for 1 Hrs.                                         |                                             |                   | Capped ? Yes                                    |            |          |
|                                                                                            |                                                                      |               |                                                        |                            |                              |                                                                                                                             | Pumping Method ? Airlift                                              |                                             |                   |                                                 |            |          |
| <b>7. Grout or Other Sealing Material</b>                                                  |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       |                                             |                   |                                                 |            |          |
| Method MOUNDED                                                                             |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       |                                             |                   |                                                 |            |          |
| Kind of Sealing Material                                                                   |                                                                      | From (ft.)    | To (ft.)                                               | # Sacks Cement             |                              | <b>12. Notified Owner of need to fill &amp; seal ?</b> No                                                                   |                                                                       |                                             |                   |                                                 |            |          |
| CETCO #8                                                                                   |                                                                      | Surface       |                                                        | 2 S                        |                              | Filled & Sealed Well(s) as needed? No                                                                                       |                                                                       |                                             |                   |                                                 |            |          |
| <b>13. Constructor / Supervisory Driller</b>                                               |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       |                                             |                   |                                                 |            |          |
|                                                                                            |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       | Lic #                                       |                   | Date Signed                                     |            |          |
|                                                                                            |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       | 327                                         |                   | 08-25-2019                                      |            |          |
|                                                                                            |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       | Lic or Reg #                                |                   | Date Signed                                     |            |          |
|                                                                                            |                                                                      |               |                                                        |                            |                              |                                                                                                                             |                                                                       | 5686                                        |                   |                                                 |            |          |

**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) |           | 135      | Septic or Holding, or POWTS Tank |           | 112      |

Comment:

| Variance ID | Variance or Exception Type | Date       | Reason                                                 |
|-------------|----------------------------|------------|--------------------------------------------------------|
|             | Sample Submit Time         | 08/21/2019 | BACTI SAMPLE TO BE TAKEN WHEN PUMP SYSTEM IS INSTALLED |

Created On: 10-03-2019

Updated On: 10-03-2019

Review Status: APPROVED