

|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  |                                                     |  |                                        |  |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|-----------------------------------------------------|--|----------------------------------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b> |  |                                                                      |  | <b>ZL432</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 RIVERS, KAREN                                           |  |                                                                      |  |                            |  | Phone # (715)441-1063                                                                                                       |  | <b>1. Well Location</b>        |  |                                                     |  | Fire # (if avail.)                     |  |
| Mailing Address PO BOX 403                                             |  |                                                                      |  |                            |  |                                                                                                                             |  | Town of SIREN                  |  |                                                     |  | 7610                                   |  |
| City SIREN                                                             |  |                                                                      |  |                            |  | State WI                                                                                                                    |  | Zip Code 54872                 |  |                                                     |  | Street Address or Road Name and Number |  |
| 7610 LUVERNE RD                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  |                                                     |  |                                        |  |
| County Burnett                                                         |  | Co. Permit #                                                         |  | Notification # 8858401201  |  | Completed 07-26-2022                                                                                                        |  | Subdivision Name               |  |                                                     |  | Lot #                                  |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  |                                                     |  | Block #                                |  |
| Well Constructor (Business Name) JENNEMANS HARDWARE HANK INC           |  |                                                                      |  | Lic. # 704                 |  | Facility ID # (Public Wells)                                                                                                |  |                                |  | Latitude / Longitude in Decimal Degree (DD)         |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  | 45.8109 °N -92.3747 °W                              |  |                                        |  |
| Address PO BOX 10<br>SIREN WI 54872-0010                               |  |                                                                      |  | Well Plan Approval #       |  | NW NE                                                                                                                       |  | Section 5                      |  | Township 38 N                                       |  | Range 16 W                             |  |
|                                                                        |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  | or Govt Lot #                                                                                                               |  |                                |  |                                                     |  |                                        |  |
| Hicap Permanent Well #                                                 |  |                                                                      |  | Common Well #              |  | Specific Capacity                                                                                                           |  |                                |  | <b>2. Well Type</b> Replacement                     |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  | of previous unique well # RT285 constructed in 2006 |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  | Reason for replaced or reconstructed well ?         |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  | PLUGGED SANDPOINT                                   |  |                                        |  |
| <b>3. Well serves</b> 1 # of HOME                                      |  |                                                                      |  |                            |  | Hicap Well ? No                                                                                                             |  |                                |  |                                                     |  |                                        |  |
| Private, potable                                                       |  |                                                                      |  |                            |  | Hicap Property ? No                                                                                                         |  |                                |  |                                                     |  |                                        |  |
| Heat Exchange ___ # of drillholes                                      |  |                                                                      |  |                            |  | Hicap Potable ? No                                                                                                          |  | 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                                                              |  | 35                         |  |                                                                                                                             |  |                                |  |                                                     |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  | <u>No</u> Rotary - Mud Circulation .....                                                                                    |  |                                |  | <u>No</u>                                           |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  | <u>No</u> Rotary - Air .....                                                                                                |  |                                |  | <u>No</u>                                           |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  | <u>No</u> Rotary - Air & Foam .....                                                                                         |  |                                |  | <u>No</u>                                           |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  | <u>No</u> Drill-Through Casing Hammer                                                                                       |  |                                |  |                                                     |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  | <u>No</u> Reverse Rotary                                                                                                    |  |                                |  |                                                     |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  | <u>No</u> Cable-tool Bit ___ in. dia...                                                                                     |  |                                |  | <u>No</u>                                           |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  | <u>No</u> Dual Rotary .....                                                                                                 |  |                                |  | <u>No</u>                                           |  |                                        |  |
| <b>6. Casing, Liner, Screen</b>                                        |  |                                                                      |  |                            |  | <u>No</u> Temp. Outer Casing ___ in. dia                                                                                    |  |                                |  |                                                     |  |                                        |  |
| Dia. (in.)                                                             |  | Material, Weight, Specification<br>Manufacturer & Method of Assembly |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                       |  |                                                     |  |                                        |  |
| 2                                                                      |  | ASTM53 WHEATLAND USA THREADED                                        |  |                            |  | Surface                                                                                                                     |  | 32                             |  |                                                     |  |                                        |  |
| Dia. (in.)                                                             |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                  |  | To (ft.)                       |  |                                                     |  |                                        |  |
| 2                                                                      |  | 80 GA STAINLESS STEEL                                                |  |                            |  | 32                                                                                                                          |  | 35                             |  |                                                     |  |                                        |  |
| <b>7. Grout or Other Sealing Material</b>                              |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  |                                                     |  |                                        |  |
| Method                                                                 |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  |                                                     |  |                                        |  |
| <b>8. Geology</b>                                                      |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  |                                                     |  |                                        |  |
| <b>9. Static Water Level</b>                                           |  |                                                                      |  |                            |  |                                                                                                                             |  | <b>11. Well Is</b>             |  |                                                     |  |                                        |  |
| 14 ft. below ground surface                                            |  |                                                                      |  |                            |  |                                                                                                                             |  | 12 in. above grade             |  |                                                     |  |                                        |  |
| <b>10. Pump Test</b>                                                   |  |                                                                      |  |                            |  |                                                                                                                             |  | Developed ? Yes                |  |                                                     |  |                                        |  |
| Pumping level ___ ft. below surface                                    |  |                                                                      |  |                            |  |                                                                                                                             |  | Disinfected ? Yes              |  |                                                     |  |                                        |  |
| Pumping at ___ GP for ___ Hrs.                                         |  |                                                                      |  |                            |  |                                                                                                                             |  | Capped ? Yes                   |  |                                                     |  |                                        |  |
| Pumping Method ?                                                       |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  |                                                     |  |                                        |  |
| <b>12. Notified Owner of need to fill &amp; seal ?</b>                 |  |                                                                      |  |                            |  |                                                                                                                             |  | Yes                            |  |                                                     |  |                                        |  |
| Filled & Sealed Well(s) as needed?                                     |  |                                                                      |  |                            |  |                                                                                                                             |  | Yes                            |  |                                                     |  |                                        |  |
| <b>13. Constructor / Supervisory Driller</b>                           |  |                                                                      |  |                            |  |                                                                                                                             |  | Lic #                          |  | Date Signed                                         |  |                                        |  |
| MS                                                                     |  |                                                                      |  |                            |  |                                                                                                                             |  | 6630                           |  | 10-04-2022                                          |  |                                        |  |
| Drill Rig Operator                                                     |  |                                                                      |  |                            |  |                                                                                                                             |  | Lic or Reg #                   |  | Date Signed                                         |  |                                        |  |
|                                                                        |  |                                                                      |  |                            |  |                                                                                                                             |  |                                |  |                                                     |  |                                        |  |

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

| Type                                                      | Qualifier | Distance | Type                             | Qualifier | Distance |
|-----------------------------------------------------------|-----------|----------|----------------------------------|-----------|----------|
| POWTS dispersal component (soil absorption unit or mound) |           | 72       | Sewer - Building Sanitary        |           | 22       |
|                                                           |           |          | Septic or Holding, or POWTS Tank |           | 30       |

**Comment:**

LAB REPORT ATTACHED IS AVAILABLE IN GRN

Created On: 12-01-2022

Updated On: 08-14-2023

Review Status: APPROVED