

|                                                                            |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  |                                       |  |                                                           |  |                    |  |                    |  |             |  |
|----------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|---------------------------------------|--|-----------------------------------------------------------|--|--------------------|--|--------------------|--|-------------|--|
| <b>Well Construction Report</b><br><b>WISCONSIN UNIQUE WELL NUMBER</b>     |  |                                                                      |  | <b>ZM755</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 VOGEL, WARREN & LINDA                                       |  |                                                                      |  |                            |  | Phone # (262)993-2613                                                                                                                         |  | <b>1. Well Location</b>                                               |  |                                       |  | Fire # (if avail.)                                        |  |                    |  |                    |  |             |  |
| Mailing Address 1253 OSTERBERG PKWY                                        |  |                                                                      |  |                            |  |                                                                                                                                               |  | Town of AURORA                                                        |  |                                       |  | 1253                                                      |  |                    |  |                    |  |             |  |
| City NIAGARA                                                               |  |                                                                      |  |                            |  | State WI                                                                                                                                      |  | Zip Code 54151                                                        |  |                                       |  | Street Address or Road Name and Number<br>OSTERBERG PKWY  |  |                    |  |                    |  |             |  |
| County Florence                                                            |  | Co. Permit #                                                         |  | Notification # 8927054401  |  | Completed 10-12-2022                                                                                                                          |  | Subdivision Name                                                      |  |                                       |  | Lot #<br>Block #                                          |  |                    |  |                    |  |             |  |
| Well Constructor (Business Name)<br>KLEIMAN, ERIK P                        |  |                                                                      |  | Lic. # 6720                |  | Facility ID # (Public Wells)                                                                                                                  |  | Latitude / Longitude in Decimal Degree (DD)<br>45.7612 °N -88.1547 °W |  |                                       |  | Method Code<br>GPS008                                     |  |                    |  |                    |  |             |  |
| Address KLEIMAN PUMP & WELL DRLG PO BOX 704<br>IRON MOUNTAIN MI 49801-0704 |  |                                                                      |  | Well Plan Approval #       |  | SE SW                                                                                                                                         |  | Section 17                                                            |  | Township 38 N                         |  | Range 19 E                                                |  |                    |  |                    |  |             |  |
|                                                                            |  |                                                                      |  | Approval Date (mm-dd-yyyy) |  | or Govt Lot #                                                                                                                                 |  |                                                                       |  |                                       |  |                                                           |  |                    |  |                    |  |             |  |
| Hicap Permanent Well #                                                     |  | Common Well #                                                        |  | Specific Capacity<br>0     |  | 2. Well Type New Well<br>of previous unique well # constructed in<br>Reason for replaced or reconstructed well ?<br>Construction Type Drilled |  |                                                                       |  |                                       |  |                                                           |  |                    |  |                    |  |             |  |
| <b>3. Well serves</b> 1 # of HOME                                          |  |                                                                      |  | Hicap Well ? No            |  |                                                                                                                                               |  |                                                                       |  |                                       |  |                                                           |  |                    |  |                    |  |             |  |
| Private, potable                                                           |  |                                                                      |  | Hicap Property ? No        |  |                                                                                                                                               |  |                                                                       |  |                                       |  |                                                           |  |                    |  |                    |  |             |  |
| Heat Exchange ___ # of drillholes                                          |  |                                                                      |  | Hicap Potable ? No         |  |                                                                                                                                               |  |                                                                       |  |                                       |  |                                                           |  |                    |  |                    |  |             |  |
| <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                                                    |  | Geology Codes                         |  | Type, Caving/Noncaving, Color, Hardness, etc...           |  | From (ft.)         |  | To (ft.)           |  |             |  |
| 6                                                                          |  | Surface                                                              |  | 120                        |  | No Rotary - Mud Circulation .....                                                                                                             |  | No                                                                    |  | S                                     |  | S-SAND                                                    |  | Surface            |  | 25                 |  |             |  |
|                                                                            |  |                                                                      |  |                            |  | Yes Rotary - Air .....                                                                                                                        |  | Yes                                                                   |  | C                                     |  | C-CLAY                                                    |  | 25                 |  | 54                 |  |             |  |
|                                                                            |  |                                                                      |  |                            |  | No Rotary - Air & Foam .....                                                                                                                  |  | No                                                                    |  | G Q                                   |  | G-GRAY Q-GRANITE                                          |  | 54                 |  | 120                |  |             |  |
|                                                                            |  |                                                                      |  |                            |  | No Drill-Through Casing Hammer                                                                                                                |  |                                                                       |  |                                       |  |                                                           |  |                    |  |                    |  |             |  |
|                                                                            |  |                                                                      |  |                            |  | No Reverse Rotary                                                                                                                             |  |                                                                       |  |                                       |  |                                                           |  |                    |  |                    |  |             |  |
|                                                                            |  |                                                                      |  |                            |  | 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>                                            |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  |                                       |  | <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.)                                                              |  | 25 ft. below ground surface           |  |                                                           |  | 12 in. above grade |  |                    |  |             |  |
| 6                                                                          |  | WHEATLAND SCH 40 STEEL WELDED                                        |  |                            |  | Surface                                                                                                                                       |  | 53                                                                    |  | <b>10. Pump Test</b>                  |  |                                                           |  | Developed ? Yes    |  |                    |  |             |  |
| Dia. (in.)                                                                 |  | Screen type, material & slot size                                    |  |                            |  | From (ft.)                                                                                                                                    |  | To (ft.)                                                              |  | Pumping level 120 ft. below surface   |  |                                                           |  | Disinfected ? Yes  |  |                    |  |             |  |
|                                                                            |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  | Pumping at 4.5 GP M for 0.5 Hrs.      |  |                                                           |  | Capped ? Yes       |  |                    |  |             |  |
|                                                                            |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  | Pumping Method ? Airlift              |  |                                                           |  |                    |  |                    |  |             |  |
| <b>7. Grout or Other Sealing Material</b>                                  |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  |                                       |  | <b>12. Notified Owner of need to fill &amp; seal ?</b> No |  |                    |  |                    |  |             |  |
| Method BENTONITE DRIVEN DRY                                                |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  |                                       |  | N/A                                                       |  |                    |  |                    |  |             |  |
| Kind of Sealing Material                                                   |  |                                                                      |  | From (ft.)                 |  | To (ft.)                                                                                                                                      |  | # Sacks Cement                                                        |  | Filled & Sealed Well(s) as needed? No |  |                                                           |  |                    |  |                    |  |             |  |
| GRANULAR BENTONITE                                                         |  |                                                                      |  | Surface                    |  | 53                                                                                                                                            |  | 4 S                                                                   |  | N/A                                   |  |                                                           |  |                    |  |                    |  |             |  |
|                                                                            |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  |                                       |  | <b>13. Constructor / Supervisory Driller</b>              |  |                    |  | Lic #              |  | Date Signed |  |
|                                                                            |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  |                                       |  | EK                                                        |  |                    |  | 6720               |  | 10-18-2022  |  |
|                                                                            |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  |                                       |  | Drill Rig Operator                                        |  |                    |  | Lic or Reg #       |  | Date Signed |  |
|                                                                            |  |                                                                      |  |                            |  |                                                                                                                                               |  |                                                                       |  |                                       |  | LK                                                        |  |                    |  | 8882               |  | 10-12-2022  |  |

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

| Type                             | Qualifier | Distance |
|----------------------------------|-----------|----------|
| Septic or Holding, or POWTS Tank |           | 100      |

Comment:

| Variance ID | Variance or Exception Type | Date       | Reason                 |
|-------------|----------------------------|------------|------------------------|
|             | Sample Submit Time         | 10/12/2022 | DELAYED WATER SAMPLING |

Created On: 12-02-2022

Updated On: 08-11-2023

Review Status: APPROVED