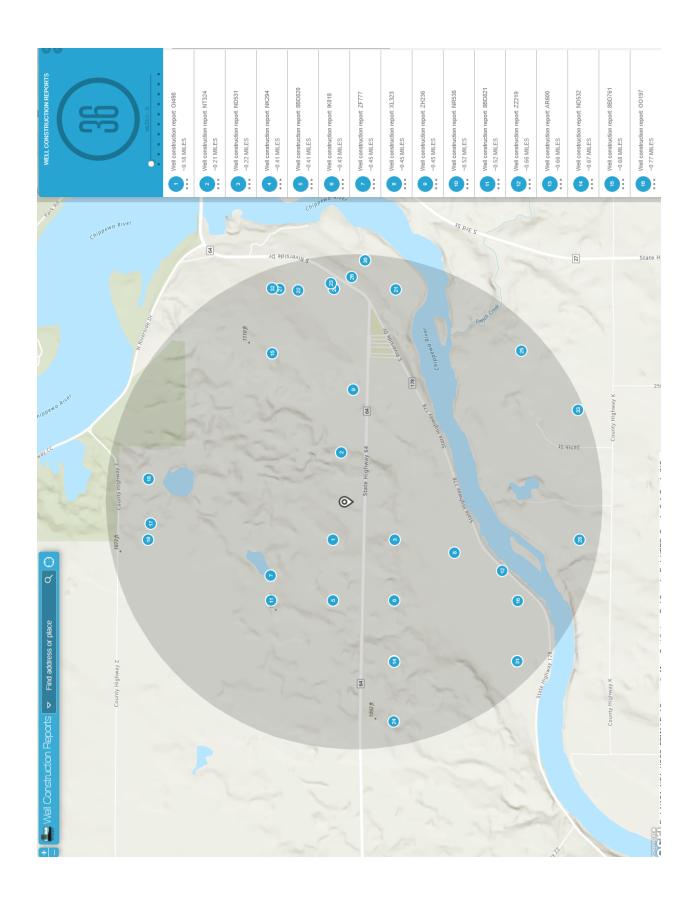
Appendix D

Nearby Wells



Well Construction Report WISCONSIN UNIQUE WELL NUMBER  OI498							Drinking Water and Groundwater - DG/5 Form 3300-077A Department of Natural Resources, Box 7921 Madison WI 53707						300-077A	
Property NUENFELDT, LAVONNE Phone #							1. Well Location					Fire # (if avail.)		
Mailing 24498 STATE HWY 64							Town of CLEVELAND							
Address							Street Address or Road Name and Number							
City CORNELL State WI Zip Code 54732														
County	Co. Permit#	t # Notification # Completed					Subdivision Name Lo					В	ock#	
Chippewa	18778	11-28-2000												
Well Constructor (Business Name) Lic. # Facility ID # (Public Well						lls)	Latitude / Longitude in Decimal Degree (DD)					/lethod (	Code	
KRAMER WELL DRILLING INC 45							*N *V				*W (	GPS008		
Well Plan Ap					roval#		SE NW Section Township				Range			
Address N3055							or Govt Lot		24	31	N	7	W	
WEYER	RHAEUSER WI	54895-9734		Approval Date	e (mm-dd-yy	yy)	2. Well Type New Well of previous unique well # constructed in							
LE D	14/-11.4	C W-	11.44	C'E- C	-24.			•				sa in		
Hicap Permanent	vveii #	Common We	# #	Specific Capa 2.1	icity		Reason for replaced or reconstructed well ?							
3. Well serves	1#of		_	Hicap Well ?	No									
Private,potable	1#01			Hicap Weil:										
	# of drillholes				•		Construction Type Drilled							
4. Potential Cont		os ON DEL	_	Hicap Potable	17		Constitution	TType D	rilleu				-	
				IDE		0		0.0-1	-		l e	(5.)	T- (0.)	
	le Dimensions and Construction Method						eology 8. Geology Type, odes Caving/Noncaving, Color,					om (π.)	To (ft.)	
Dia. (in.) From (ft.	Del	Dellada					Hardness, etc							
	urface 8 Rotary - Mud Circulation							C NONCAVING BR CLAY Y CAVING BR SAND & GRAVEL				Surface 8	8 64	
	Yes	Rotary - Air				Н	QY	CAVING	DK SAND	& GRAVE	L	0	04	
		Rotary - Alr				l								
		Drill-Throug		Hammer		l								
		Reverse Ro Cable-tool i	•	da										
		Dual Rotary												
		Temp. Oute	r Casing_	In. dla										
		Removed explain on l		oth ft. (If NO										
6. Casing, Liner,	Screen						Static Water				11. Wel	lls		
Dia. (in.) Material,	Weight, Specific	ation		From (ft.)	To (ft.)	48	48 ft. below ground surface 20 in.					. above grade		
Manufac	turer & Method o	f Assembly				10.						eloped? Yes		
6 P.E. SAV	WHILL STEEL 19	#/FT ASTM /	A-53	Surface								ted?	Yes	
Dia. (in.) Screen t			_	From (ft.)	To (ft.)	Pur	umping at 15 GP M for 1 Hrs. Capp					?	Yes	
	ESS STEEL WIR		15	60	64	Pur	Pumping Method ?							
7. Grout or Other	-	ıl				12.	Notified Own	er of need	d to fill & se	eal ?				
Method SHOVEL			0.) T-	40 V # C - I										
Kind of Sealing Material From (ft.) To (ft.) # Sacks Cement					L									
DRILL CUTTINGS Surface 8						Fille	ed & Sealed \	Nell(s) as	needed?				Yes	
						l								
						13	Constructor	Supervis	ory Driller	Lic#		Date	Signed	
						GJ		Superio	on onner	LIO III		+	-2000	
							Rig Operato	vr.		Line	rReg#		Signed	
						-	rag Operato	п		LICO	rveg #	Date	oigneu	
						ı								
							WISCONSI	N UNIQU	E WELL N	UMBER	OI4	98		

	Contamination	Sources	Is the well loca						
Type			Qualifier		Type			Qualifier	Distance
Building Over	rhang			35		ilding Sanitary			55
					Septic or Ho	olding, or POWT	S Tank		70
Comment:									
Water Qualit	y Text:								
Water Quan									
l									
Difficulty Tex	CC.								
Created On:	12-27-2000	Created by:	WELL CONS	TLOAD U	Jpdated On:	12-27-2000	Updated by:	WELL PROCE	ESS

WISCONSIN UNIQUE WELL NUMBER 01498

Well Construction Report WISCONSIN UNIQUE WELL NUMBER  NT324						Drinking Water and Groundwater - DG/5 Form 3300-077A Department of Natural Resources, Box 7921 Madison WI 53707								
Property WHITE, MICHAEL Phone # Owner (715)239-055							1. Well Location					Fire # (if avail.)		
Mailing PO BOX 623						5	Town of CLEVELAND 24594							
Address							Street Address or Road Name and Number							
City CORNELL State WI Zip Code 54732							24594 HWY 64							
County	Co. Permit	nit # Notification # Completed					Subdivision Name Lo				Lot#	В	ock#	
Chippewa 18013 04-10-2000					)									
Well Constructor (Business Name) Lic. # Fac					Facility ID # (Public Wells)			Latitude / Longitude in Decimal Degree (DD)				ethod (	Code	
TRAVIS WILLMART	Well Plan Approval #			45.1572 °N -91.178			34	°W G	GCD013					
				NE	SE	Section	Township	o 1	Range					
				or Govt	Lot#	24	31	N	7	w				
Address 29350 29 HOLCON	15TH ST 1BE WI547	45-9739		Approval Date	e (mm-dd-yy)	לעע	2. Well	Type New\	Vell	•			$\neg$	
							of previ	ious unique we	ell#	cor	structed	lin		
Hicap Permanent W	ell#	Common We	ell#	Specific Capa	city		Reason	for replaced of	or reconstr	ucted well	?			
				10										
3. Well serves 1	# of HOME			Hicap Well ?	No									
	# OI I TOME			Hicap Property										
Private,potable	46 - 5 - 1 - 200 1 -													
Heat Exchange				Hicap Potable	?		Constru	uction Type D	niled					
4. Potential Contan	nination So	urces - ON RE	VERSE S	SIDE										
5. Drillhole Dimens	ions and C	onstruction Me	thod			Geo	ology		8. Geology Type,			m (ft.)	To (ft.)	
Dia. (in.) From (ft.)		, -pp				Coc	ies		Caving/Noncaving, Color, Hardness, etc					
6 Surface	ace 05				Bedrock		v c	CLAY/NC	CLAY/NC/BROWN/SOFT			urface	5	
	Rotary - Air						Q Y	SAND & 5					55	
						П	GRAVEL/CAVING/BROWN/SOF							
	Rotary - Air & Foam						Q Y					55	65	
		Reverse R		riallille			GRAVEL/CAVING/GREY/SOFT							
		Cable-tool	•	. dla		ı								
						ı								
		Temp. Out	er Casing	In. dla		ı								
		Removed explain on		pth ft. (If NO )										
6. Casing, Liner, So	creen					9. 9	Static W	ater Level		ŀ	11. Well	ls		
Dia. (in.) Material, V	Veight Spec	ification		From (ft.)	To (ft )	35 ft. below ground surface 24 in. above						ove gra	ide	
		d of Assembly			,	10.	Pump 1	Test .			Develope	ed?	Yes	
6 STD-ERW X.280 WA		.B BLACK P.E.	6.625 O	D Surface	63	Pun	Pumping level 36 ft. below surface Disinfect					ed?	Yes	
Dia. (in.) Screen typ		& slot size		From (ft.)	To (ft.)		Pumping at 10 GP M for 5 Hrs. Capped ? Ye					Yes		
4 JOHNSON	N P.V.C018	5		63	65	Pur	Pumping Method ?							
7. Grout or Other S	ealing Mate	erial				12.	Notified	Owner of nee	d to fill & s	eal ?				
Method MOUNDE	D WHILE DE	RIVING				ı								
Kind of Sealing Mate	erial	From	(ft.) To	o (ft.) # Sacks	s Cement	ı								
					1.5 S	Fille	d & Sea	aled Well(s) as	needed?					
						ı								
						╙								
						13.	Constru	ctor / Supervis	ory Driller	Lic#		Date	Signed	
						TW						04-19	-2000	
						Drill	Rig Op	erator		Lic or	Reg#	Date	Signed	

4a. Potential Contamination Sources Is the well located in floodplain? No											
Type			Qualifier	Distance	Туре			Qualifier	Distance		
Building Over	hang		>	10	Landfill			>	1200		
Comment: Water Qualit Water Quant Difficulty Tex	ity Text: t:	Created by: V	VELL CONST	IOAD L	Indated On:	08-11-2020	Updated by:	PARCEI MAT	rcH		