

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				8BL411		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																	
Property Owner TYLENDIA - GALKIN REALTY						Phone #		1. Well Location				Fire # (if avail.)															
Mailing Address P.O. BOX 135						Town of MERRILL						Street Address or Road Name and Number															
City GLEASON				State WI		Zip Code																					
County Lincoln		Co. Permit #		Notification #		Completed 08-13-1981		Subdivision Name				Lot #		Block #													
Well Constructor (Business Name) ALAN F. LANG - ALAN LANG WELL & PUMP, INC.				Lic. #		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD)				Method Code													
Address				Well Plan Approval #		SE Section Township Range or Govt Lot # 5 32 N 7 E				2. Well Type New Well of previous unique well # constructed in																	
						Approval Date (mm-dd-yyyy)																					
Hicap Permanent Well #		Common Well #		Specific Capacity		Reason for replaced or reconstructed well ?				Construction Type																	
3. Well serves # of Home				Hicap Well ?																							
Private, potable				Hicap Property ?																							
Heat Exchange ____ # of drillholes				Hicap Potable ?																							
4. Potential Contamination Sources - ON REVERSE SIDE																											
5. Drillhole Dimensions and Construction Method														8. Geology													
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		182		Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam Drill-Through Casing Hammer Reverse Rotary <u>Yes</u> Cable-tool Bit ____ in. dia... Dual Rotary Temp. Outer Casing ____ in. dia Removed? ____ depth ft. (If NO explain on back side)				Y Z Sand & Gravel & Boulders Surface 25 Z Clay & Gravel 25 79.5 Y Sand & Gravel 79.5 85 Z Clay & Gravel 85 102 Y C Sand & Gravel & Clay 102 172 D Q Decomposed Granite 172 182 G Q Grey Granite 182 192				Surface		25											
6. Casing, Liner, Screen						9. Static Water Level						11. Well Is															
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		60 ft. ____ ground surface						24 in. above grade Developed ? Disinfected ? Capped ?											
6		New Black Standard Steel 19.45# ASTM A53 Grade B Mfg. LaBarge, Inc.				Surface		182		10. Pump Test																	
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 192 ft. below surface Pumping at 4 GP for 1 Hrs. Pumping Method ?																	
7. Grout or Other Sealing Material Method														12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?													
														13. Constructor / Supervisory Driller						Lic #				Date Signed			
														Drill Rig Operator						Lic or Reg #				Date Signed			

4a. Potential Contamination Sources

Is the well located in floodplain ?

Comment:

Created On: 01-01-1960

Updated On: 04-06-2021

Review Status: