

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				8BL580		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																																																															
Property Owner DAVID BETTS					Phone #		1. Well Location				Fire # (if avail.)																																																														
Mailing Address LOT 52 4311 SCHOFIELD AVE.					Town of BRADLEY		7440				Street Address or Road Name and Number STH 107																																																														
City SCHOFIELD			State WI		Zip Code		Subdivision Name						Lot # Block #																																																												
County Lincoln		Co. Permit #		Notification #		Completed 10-09-1987		Latitude / Longitude in Decimal Degree (DD)				Method Code																																																													
Well Constructor (Business Name) JAMES HORNUNG - HORNUNG WELL & PUMP					Lic. #		Facility ID # (Public Wells)		°N °W		SE SW Section Township Range or Govt Lot # 35 34 N 6 E																																																														
Address					Well Plan Approval #		Approval Date (mm-dd-yyyy)		2. Well Type New Well																																																																
Hicap Permanent Well #			Common Well #		Specific Capacity		Reason for replaced or reconstructed well ?				Construction Type																																																														
3. Well serves # of Home					Hicap Well ?		of previous unique well # constructed in																																																																		
Private, potable					Hicap Property ?																																																																				
Heat Exchange ____ # of drillholes					Hicap Potable ?		4. Potential Contamination Sources - ON REVERSE SIDE				8. Geology																																																														
5. Drillhole Dimensions and Construction Method							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Dia. (in.)</th> <th>From (ft.)</th> <th>To (ft.)</th> <th>Upper Enlarged Drillhole</th> <th>Lower Open Bedrock</th> </tr> <tr> <td>6</td> <td>Surface</td> <td></td> <td>72</td> <td>Rotary - Mud Circulation</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Rotary - Air</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Rotary - Air & Foam</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Drill-Through Casing Hammer</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Reverse Rotary</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Yes Cable-tool Bit ____ in. dia...</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Dual Rotary</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Temp. Outer Casing ____ in. dia</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Removed? ____ depth ft. (If NO explain on back side)</td> <td></td> </tr> </table>						Dia. (in.)		From (ft.)	To (ft.)	Upper Enlarged Drillhole	Lower Open Bedrock	6	Surface		72	Rotary - Mud Circulation						Rotary - Air						Rotary - Air & Foam						Drill-Through Casing Hammer						Reverse Rotary						Yes Cable-tool Bit ____ in. dia...						Dual Rotary						Temp. Outer Casing ____ in. dia						Removed? ____ depth ft. (If NO explain on back side)		
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6. Casing, Liner, Screen							9. Static Water Level					11. Well Is																																																													
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly			From (ft.) To (ft.)		35 ft. ____ ground surface				12 in. above grade																																																														
6.625		18.97 lbs. A53 NKK Welded			Surface 72		10. Pump Test				Developed ?																																																														
Dia. (in.)		Screen type, material & slot size			From (ft.) To (ft.)		Pumping level 62 ft. below surface				Disinfected ?																																																														
Pumping at 5 GP for 1 Hrs.		Pumping Method ?			Capped ?		12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?																																																																		
7. Grout or Other Sealing Material Method												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: