# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* 8MY138

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707

Form 3300-077A

Property Owner: MRS MARY PEROUTKA | Phone #:

Mailing Address:

City: PHILLIPS | State: WI | Zip Code:

County: Price | Co. Permit # | Notification # | Completed: 07-14-1943

Well Constructor (Business Name): CHRIS BRUNNER | Lic. # | Facility ID # (Public Wells)

Address | Well Plan Approval # | Approval Date (mm-dd-yyyy)

Hicap Permanent Well # | Common Well # | Specific Capacity

**3. Well serves** # of Farm
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?

**1. Well Location**
Town of WORCESTER | Fire # (if avail.): W7016
Street Address or Road Name and Number: RASKIE RD
Subdivision Name | Lot # | Block #
Latitude / Longitude in Decimal Degree (DD) °N °W | Method Code
SW SE or Govt Lot # | Section: 10 | Township: 19 37 N | Range: 1 E

**2. Well Type**
of previous unique well # | constructed in
Reason for replaced or reconstructed well ?
Construction Type

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 5 | Surface | 153 |

Upper Enlarged Drillhole / Lower Open Bedrock
Rotary - Mud Circulation .....
Rotary - Air .....
Rotary - Air & Foam .....
Drill-Through Casing Hammer
Reverse Rotary
Cable-tool Bit ____in. dia...
Dual Rotary .....
Temp. Outer Casing ____in. dia
Removed? ____depth ft. (If NO explain on back side)

**8. Geology**

| Geology Codes | | | | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|---|---|---|
| | | | | Dug Hole | Surface | 32 |
| | | Y | | Sand & Gravel | 32 | 80 |
| | | P | | Hard Pan | 80 | 110 |
| | | Y | U | Muddy Sand & Gravel | 110 | 123 |
| | | P | | Hard Pan | 123 | 145 |
| | W | Y | | Water Bearing Sand & Gravel | 145 | 153 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 5 | Standard Pipe Steel Shoe Sanitary Pump Flange | Surface | 153 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**
45 ft. _____ ground surface

**10. Pump Test**
Pumping level 90 ft. below surface
Pumping at 5 GP for 4 Hrs.
Pumping Method ?

**11. Well Is**
14 in. above grade
Developed ?
Disinfected ?
Capped ?

**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: 08-13-2024 Review Status: