Well Construction Report
WISCONSIN UNIQUE WELL NUMBER AAC206

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: ELIASON, JAMES		Phone #: (262)441-6853
Mailing Address: N9841 T LANE		
City: NECEDAH	State: WI	Zip Code: 54646

County	Co. Permit #	Notification #	Completed
Juneau		8097584001	10-21-2020

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
QUINNELLS SEPTIC & WELL SERVICE INC	97	

Address: 1894 DAKOTA AVE
FRIENDSHIP WI 53934-9802

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well #	Common Well #	Specific Capacity

3. Well serves 1 # of HOME
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ? No

1. Well Location
Town of NECEDAH

Fire # (if avail.): N9841

Street Address or Road Name and Number
T LANE

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)				Method Code
44 °N	-90.042 °W			GPS008

NW SE or Govt Lot #	Section	Township	Range
	29	18 N	4 E

2. Well Type Replacement
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
NON CODE, SLOW

Construction Type: Jetted

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	46

Upper Enlarged Drillhole		Lower Open Bedrock
No	Rotary - Mud Circulation	No
No	Rotary - Air	No
No	Rotary - Air & Foam	No
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)	

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
	N	S		N-FINE S-SAND	Surface	35
	M	S		M-MEDIUM S-SAND	35	46

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	ANSI ASTM 53 SCH 40 T&C	Surface	42
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	CAMPBELL 60 GAUZE	42	46

7. Grout or Other Sealing Material
Method

9. Static Water Level
8 ft. below ground surface

10. Pump Test
Pumping level 8 ft. below surface
Pumping at 10 GP M for 1 Hrs.
Pumping Method ? Test Pump

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

12. Notified Owner of need to fill & seal ? Yes

Filled & Sealed Well(s) as needed? Yes
SEE WELL ABANDONMENT REPORT

13. Constructor / Supervisory Driller	Lic #	Date Signed
DDQ	5	10-28-2020
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS treatment component (septic tanks, aerobic treatment units or filters)		55	Septic or Holding, or POWTS Tank		40

Comment:

Created On: 07-29-2020 Updated On: 10-28-2020 Review Status: APPROVED