

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				AAK026		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																	
Property Owner DON BISHOP						Phone # (608)931-2980		1. Well Location				Fire # (if avail.)															
Mailing Address 6327 S. KETTLE RD						Town of NEWARK						7817															
City BELOIT						State WI		Zip Code 53511				Street Address or Road Name and Number W. STATE RD. 81															
County Rock		Co. Permit #		Notification # 9975038101		Completed 09-10-2025		Subdivision Name				Lot # Block #															
Well Constructor (Business Name) MARTIN, CHARLES WADE				Lic. # 6623		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 42.52077 °N -89.15282 °W				Method Code SCR002													
Address 1192 PRAIRIE LN MACHESNEY PARK IL 61115				Well Plan Approval #		SE NE Section Township Range or Govt Lot # 26 1 N 11 E		2. Well Type Replacement				of previous unique well # constructed in															
Hicap Permanent Well #		Common Well #		Specific Capacity 0		Reason for replaced or reconstructed well ? SHARED WELL ON NEIGHBORS PROPERTY. NO ONE LIVING IN HOUSE WITH WELL THEY ARE GOING TO TURN THE HEAT OFF THIS WINTER						Construction Type Drilled															
3. Well serves 1 # of HOME				Hicap Well ? No		Private, potable						Hicap Property ? No															
Heat Exchange ___ # of drillholes				Hicap Potable ? No		4. Potential Contamination Sources - ON REVERSE SIDE						5. Drillhole Dimensions and Construction Method															
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		8. Geology		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)									
10		Surface		73		No Rotary - Mud Circulation		No		K E T C		K-BLACK E-CLEAN T-TILL C-CLAYEY		Surface		2											
6		73		150		No Rotary - Air		No		Y S L K		Y-YELLOW S-SOFT/LOOSE L-LIMESTONE/DOLOMITE K-W/BROKEN ROCK		2		35											
Yes		Rotary - Air & Foam		Yes		No Drill-Through Casing Hammer		No		T V C H		T-TAN/BROWN V-NON-CAVING C-CLAY H-SHALEY		35		45											
No		Reverse Rotary		No		No Cable-tool Bit ___ in. dia...		No		U H H H		U-BLUE H-HARD/FIRM H-SHALE H-SHALEY		45		60											
No		Dual Rotary		No		No Temp. Outer Casing ___ in. dia		No		I S N S		I-WHITE S-SOFT/LOOSE N-SANDSTONE S-SANDY		60		65											
No		Removed? ___ depth ft. (If NO explain on back side)		No		T H N S		T-TAN/BROWN H-HARD/FIRM N-SANDSTONE S-SANDY		65		150		6. Casing, Liner, Screen		Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly		From (ft.)		To (ft.)					
6		STEEL ASTM A53B WHEATLAND THREAD AND COUPLED		Surface		73		Dia. (in.)		Screen type, material & slot size		From (ft.)		To (ft.)		7. Grout or Other Sealing Material		Method GROUT DISPLACEMENT (PLUG)		Kind of Sealing Material		From (ft.)		To (ft.)		# Sacks Cement	
NEAT CEMENT GROUT		Surface		73		24 S		NEAT CEMENT GROUT		Surface		73		24 S		NEAT CEMENT GROUT		Surface		73		24 S					

9. Static Water Level

30 ft. below ground surface

10. Pump Test

Pumping level 40 ft. below surface

Pumping at 22 GP M for 2 Hrs.

Pumping Method ? Test Pump

11. Well Is

16 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

No

N/A

Filled & Sealed Well(s) as needed?

No

N/A

13. Constructor / Supervisory Driller

Lic #

Date Signed

CWM

6623

09-27-2025

Drill Rig Operator

Lic or Reg #

Date Signed

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

Type	Qualifier	Distance
Septic or Holding, or POWTS Tank		80

Comment:

Created On: 09-27-2025

Updated On: 10-30-2025

Review Status: APPROVED