

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				AAN314		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner ZICK, ANDREW						Phone # (715)341-3102		1. Well Location				Fire # (if avail.)			
Mailing Address 169344 COUNTY ROAD C						Town of BEVENT						Street Address or Road Name and Number 169344 COUNTY ROAD C			
City ROSHOLT				State WI		Zip Code 54473									
County Marathon		Co. Permit #		Notification # 9299343401		Completed 10-25-2023		Subdivision Name				Lot #		Block #	
Well Constructor (Business Name) CHETS PLBG & HTG INC				Lic. # 4832		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 44.7137 °N -89.4374 °W				Method Code GPS008	
Address 3001 HOOVER ROAD STEVENS POINT WI 54481-5670				Well Plan Approval #				SE SW		Section 20		Township 26 N		Range 9 E	
				Approval Date (mm-dd-yyyy)				or Govt Lot # 4		20		26 N		9 E	
Hicap Permanent Well #			Common Well #			Specific Capacity				2. Well Type Replacement of previous unique well # constructed in Reason for replaced or reconstructed well ? NOT PRODUCING Construction Type Driven Point					
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												
2 Surface 29			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												
6. Casing, Liner, Screen			No Temp. Outer Casing ___ in. dia												
Dia. (in.) Screen type, material & slot size			From (ft.) To (ft.)		8. Geology										
2 SS 10 SLOT			25 29		9. Static Water Level 14 ft. below ground surface 10. Pump Test Pumping level ___ ft. below surface Pumping at ___ GP for ___ Hrs. Pumping Method ?										
7. Grout or Other Sealing Material Method															
Method															
11. Well Is 20 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															
13. Constructor / Supervisory Driller				Lic #		Date Signed									
JI				8042		10-25-2023									
Drill Rig Operator				Lic or Reg #		Date Signed									

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 11-01-2023

Updated On: 11-15-2023

Review Status: APPROVED