# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* ACM235

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

| | |
|---|---|
| Property Owner: WILKES DICK | Phone # |
| Mailing Address: 1629 KINGSWOOD TRAIL | |
| City: NEKOOSA | State: WI — Zip Code: 54457 |
| County: Adams | Co. Permit #: Wisconsin — Notification #: 10167714901 — Completed: 03-10-2026 |
| Well Constructor (Business Name): ROTH WELL DRILLING | Lic. #: 5857 — Facility ID # (Public Wells) |
| Address: PO BOX 532 NEKOOSA WI 54457 | Well Plan Approval # — Approval Date (mm-dd-yyyy) |
| Hicap Permanent Well # | Common Well # — Specific Capacity: 6.7 |

**1. Well Location**

Town of ROME

Fire # (if avail.)

Street Address or Road Name and Number: 1629 KINGSWOOD TRAIL

Subdivision Name | Lot # | Block #

Latitude / Longitude in Decimal Degree (DD): 44.2129 °N -89.8761 °W — Method Code: SCR002

| NW or Govt Lot # | NW | Section: 14 | Township: 20 N | Range: 5 E |
|---|---|---|---|---|

**2. Well Type** Replacement

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?: OLD WELL FAILED

Construction Type: Drilled

**3. Well serves** 1 # of HOME

Private,potable

Heat Exchange____# of drillholes

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

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

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 6 | Surface | 75 |

| 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.) |
|---|---|---|---|---|---|---|
| | | S | | S-SAND | Surface | 52 |
| | | X | | X-SAND & CLAY | 52 | 65 |
| | N | S | | N-FINE S-SAND | 65 | 70 |
| | A | S | | A-COARSE S-SAND | 70 | 75 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6.625 | A 53 B .280 SAWHILL WELDED | Surface | 71 |
| **Dia. (in.)** | **Screen type, material & slot size** | **From (ft.)** | **To (ft.)** |
| 6 | TELE JOHNSON SS 12 SLOT | 71 | 75 |

**7. Grout or Other Sealing Material**

Method MOUNDED

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| GRANULAR BENTONITE | Surface | 71 | 2 S |

**9. Static Water Level**

44 ft. below ground surface

**10. Pump Test**

Pumping level 47 ft. below surface

Pumping at 20 GP M for 1 Hrs.

Pumping Method ? Test Pump

**11. Well Is**

15 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 |
|---|---|---|
| KR | 4495 | 03-24-2026 |
| **Drill Rig Operator** | **Lic or Reg #** | **Date Signed** |
| MG | 3740 | 03-24-2026 |

**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) | > | 25 | POWTS dispersal component (soil absorption unit or mound) | > | 50 |

Comment:

Created On: 03-20-2026 Updated On: 04-15-2026 Review Status: APPROVED