Well Construction Report
WISCONSIN UNIQUE WELL NUMBER AR648

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

Form 3300-077A

Property Owner: VILLAGE OF AMHERST			Phone #: (715)824-5613
Mailing Address: 161 MILL ST			
City: AMHERST	State: WI	Zip Code: 54406	
County: Portage	Co. Permit #:	Notification #:	Completed: 07-25-1991

Well Constructor (Business Name): LAYNE WESTERN CO INC	Lic. #: 582	Facility ID # (Public Wells): 750009480	
Address: W229 N5005 DUPLAINVI PEWAUKEE WI 53072		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

3. Well serves # of
Municipal/Community — Test Well
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Village of AMHERST

Fire # (if avail.):

Subdivision Name	Lot #	Block #

Method Code:

or Govt Lot #	Section	Township	Range
	22	23 N	10 E

2. Well Type New Well
of previous unique well # — constructed in

Reason for replaced or reconstructed well ?
OBSERVATION FOR TEST WELL

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
5	Surface	127

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.)
	NO SAMPLES TAKEN	Surface	127

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	PVC	Surface	117
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	PVC	117	127

7. Grout or Other Sealing Material

Method: TREMIE PIPE

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
BENTONITE	Surface	112	6

9. Static Water Level
0 ft. _____ ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
WM		08-22-1991
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
HW		08-22-1991

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

Comment:

Created On: 03-18-1992 Updated On: 07-11-2023 Review Status: