Well Construction Report
WISCONSIN UNIQUE WELL NUMBER AV497

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

Form 3300-077A

Property Owner: RON DAVIS
Phone #:
Mailing Address:
City: CUMBERLAND | State: WI | Zip Code: 54829
County: Barron | Co. Permit #: | Notification #: | Completed: 05-26-1992

Well Constructor (Business Name): BEECROFT, CLARENCE | Lic. #: 426 | Facility ID # (Public Wells):
Address: RT 2 BOX 137, FREDERIC WI 54837
Well Plan Approval #:
Approval Date (mm-dd-yyyy):
Hicap Permanent Well # | Common Well # | Specific Capacity: 0.5

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes
Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of CUMBERLAND
Fire # (if avail.)
Street Address or Road Name and Number
Subdivision Name | Lot # | Block #
Latitude / Longitude in Decimal Degree (DD): °N °W
Method Code
SE NW or Govt Lot # | Section: 22 | Township: 35 N | Range: 13 W

2. Well Type New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
DRIVE POINT GONE DRY
Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
4	Surface	43

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.)
S	SAND	Surface	43

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4	10.79 ASTM A53 NEW BLACK STEEL WELDED SAWHILLU.S.A.	Surface	40
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
4	S.S.	40	43

9. Static Water Level
10 ft. below ground surface

10. Pump Test
Pumping level 30 ft. below surface
Pumping at 10 GP for 1 Hrs.
Pumping Method ?

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

7. Grout or Other Sealing Material
Method

12. Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
CB		06-10-1992
Drill Rig Operator	Lic or Reg #	Date Signed
CB		06-10-1992

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		12	Septic or Holding, or POWTS Tank		75

Comment:

Created On: 06-24-1992 Updated On: 06-24-1992 Review Status: