# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* AV500

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: GAILE SOVELL KENYONI | | | Phone #: (612)377-2416 |
| Mailing Address: 2212 SHERIDAN AVE S | | | |
| City: MINNEAPOLIS | State: MN | Zip Code: 55405 | |
| County: Polk | Co. Permit #: | Notification #: | Completed: 06-05-1992 |

| | | | |
|---|---|---|---|
| Well Constructor (Business Name): BEECROFT, CLARENCE | Lic. #: 426 | Facility ID # (Public Wells): | |
| Address: RT 2 BOX 137<br>FREDERIC WI 54837 | | Well Plan Approval #: | |
| | | Approval Date (mm-dd-yyyy): | |
| Hicap Permanent Well #: | Common Well #: | Specific Capacity: 1 | |

**3. Well serves** 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

**1. Well Location**
Town of GEORGETOWN

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 SE or Govt Lot # | Section: 18 | Township: 35 N | Range: 16 W |

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

Reason for replaced or reconstructed well ?
NO WELL

Construction Type: Drilled

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

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 4 | Surface | 97 |

Upper Enlarged Drillhole — Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes — Cable-tool Bit 4in. 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.) |
|---|---|---|---|
| P | HARD PAN | Surface | 4 |
| G | GRAVEL | 4 | 70 |
| S | SAND | 70 | 97 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 4 | NEW BLK STEEL ASTM 589 10.97 WELDED SAWHILL U.S.A. | Surface | 94 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| 4 | S STEEL | 94 | 97 |

**9. Static Water Level**
60 ft. below ground surface

**10. Pump Test**
Pumping level 70 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?

| **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 | | 25 | Septic or Holding, or POWTS Tank | | 50 |

Comment:

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