Well Construction Report
WISCONSIN UNIQUE WELL NUMBER AY385

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	Co. Permit #	Notification #	Completed
Portage			07-24-1991

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
LAYNE WESTERN CO INC	582	

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
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Village of AMHERST

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD) °N °W

Method Code

SW	NW	Section	Township	Range
or Govt Lot #		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	136

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	136

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	PVC	Surface	126
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	PVC	126	136

7. Grout or Other Sealing Material

Method TREMIE PIPE

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
BENTONITE	Surface	120	6
SAND	120	136	

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
24 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: 03-18-1992 Review Status: