Well Construction Report
WISCONSIN UNIQUE WELL NUMBER CF011

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

Form 3300-077A

Property Owner: MARGARET @ JOHN MINTUS			Phone #
Mailing Address: RR 1 BOX 182B			
City: PRINCETON	State: WI	Zip Code: 54968	
County: Green Lake	Co. Permit #	Notification #	Completed: 10-05-1991

Well Constructor (Business Name): DAVIS, FLOYD	Lic. # 678	Facility ID # (Public Wells)	
Address: RT 3 BOX 644 MONTELLO WI 53949-9378		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 10	

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of SENECA

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 NE or Govt Lot #	Section: 13	Township: 17 N	Range: 12 E

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

Reason for replaced or reconstructed well ?
NEEDED MORE WATER

Construction Type Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
4	Surface	48

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.)
		S		SAND	Surface	41
		G	S	GRAVEL @ SAND	41	48

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4	NEW BLK STEEL T@C 11# PER FT. ASTM A53 2210 PSIV.S.P. CO.	Surface	44
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
4	STAINLESS STEEL	44	48

7. Grout or Other Sealing Material
Method

9. Static Water Level
7 ft. below ground surface

10. Pump Test
Pumping level 9 ft. below surface
Pumping at 20 GP for 0.5 Hrs.
Pumping Method ?

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No
UP TO OWNER

13. Constructor / Supervisory Driller	Lic #	Date Signed
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
FD		02-24-1992

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		51
Building Overhang		10

Type	Qualifier	Distance
Sewer - Building Sanitary		40
Septic or Holding, or POWTS Tank		41

Comment:

Created On: 06-03-1992 Updated On: 06-03-1992 Review Status: