

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				CF341		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner KEVIN CHOJNECKI						Phone # (715)341-1548		1. Well Location				Fire # (if avail.)							
Mailing Address 5600 PRAIRIE AVE						Town of HULL						Street Address or Road Name and Number							
City STEVENS POINT						State WI		Zip Code 54481				5600 PRAIRIE DR							
County		Co. Permit #		Notification #		Completed		Subdivision Name				Lot #		Block #					
Portage						04-17-1990													
Well Constructor (Business Name)						Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)				Method Code					
MAVES LEONARD K						190				44.5871 °N -89.5109 °W				GCD013					
Address 4347 KUBISIAK DR AMHERST WI 54406						Well Plan Approval #		SE SE		Section		Township		Range					
								or Govt Lot #		2		24 N		8 E					
Approval Date (mm-dd-yyyy)								2. Well Type New Well											
Hicap Permanent Well #						Common Well #		Specific Capacity		of previous unique well # constructed in									
								0.1		Reason for replaced or reconstructed well ?									
3. Well serves 1 # of						Hicap Well ? No		NEW HOUSE											
Private, potable						Hicap Property ? No		Construction Type Drilled											
Heat Exchange ___ # of drillholes						Hicap Potable ?													
4. Potential Contamination Sources - ON REVERSE SIDE																			
5. Drillhole Dimensions and Construction Method												8. Geology							
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)			
8		Surface		40						Q S		SAND C BR SOFT		Surface		8			
						Rotary - Mud Circulation				V C		CLAY NC GR SOFT		8		11			
						<u>Yes</u> Rotary - Air				P Q		GRANITE PINK		11		75			
						Rotary - Air & Foam				R Q		GRANITE RED		75		104			
						Drill-Through Casing Hammer													
						Reverse Rotary													
						Cable-tool Bit ___ in. dia...													
						Dual Rotary													
						<u>Yes</u> Temp. Outer Casing 8in. dia													
						<u>Yes</u> Removed? ___ depth ft. (If NO explain on back side)													
6. Casing, Liner, Screen												9. Static Water Level				11. Well Is			
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		7 ft. below ground surface				12 in. above grade					
6		NEW BLACK STEEL TEX TUBE WELDED A53B 2220 PSI 18.97# FT				Surface		40		10. Pump Test				Developed ? Yes					
										Pumping level 100 ft. below surface				Disinfected ? Yes					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping at 10 GP for 12 Hrs.				Capped ? Yes					
										Pumping Method ?									
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ?							
Method PUMPED												Filled & Sealed Well(s) as needed?							
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		13. Constructor / Supervisory Driller				Lic #		Date Signed			
NEAT CEMENT GROUT				Surface		40		6		LM						04-17-1990			
												Drill Rig Operator				Lic or Reg #		Date Signed	

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		6	Privy		60

Comment:

Created On: 05-17-1990

Updated On: 05-07-2020

Review Status: