Well Construction Report
WISCONSIN UNIQUE WELL NUMBER CF639

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

Form 3300-077A

Property Owner: DARIN BAGGS			Phone #
Mailing Address: 2140 7TH DR			
City: GRAND MARSH	State: WI	Zip Code: 53936	
County: Adams	Co. Permit #	Notification #	Completed: 09-05-1991

Well Constructor (Business Name): BAUMEL SEPTIC @ WELL SERVICE	Lic. #: 4682	Facility ID # (Public Wells)	
Address: 1335 DUCK CREEK CT ADAMS WI 53910-9731		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity	

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location

Town of ADAMS				Fire # (if avail.): 2140
Street Address or Road Name and Number: 7TH DRIVE				
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: 6 E	

2. Well Type New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
Construction Type Jetted

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	45

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	21
C	CLAY	21	26
S	SAND	26	45

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	STEEL	Surface	42
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	JOHNSON	42	45

7. Grout or Other Sealing Material
Method

9. Static Water Level
8 ft. below ground surface

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

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

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

13. Constructor / Supervisory Driller	Lic #	Date Signed
DJ		09-05-1991
Drill Rig Operator	Lic or Reg #	Date Signed
MB		09-05-1991

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)	>	50
Building Overhang		2
Septic or Holding, or POWTS Tank	>	25

Comment:

Created On: 03-18-1992 Updated On: 03-18-1992 Review Status: