Well Construction Report
WISCONSIN UNIQUE WELL NUMBER CF644

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

Form 3300-077A

Property Owner: LEONARD MILLER			Phone #: (815)965-0600
Mailing Address: 1004 N MAIN ST			
City: ROCKFORD	State: IL	Zip Code: 61103	
County: Adams	Co. Permit #:	Notification #:	Completed: 11-11-1991
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:	

1. Well Location

Fire # (if avail.): 2192

Town of QUINCY

Street Address or Road Name and Number: MARKET ST

Subdivision Name	Lot #	Block #
DELLWOOD SUB		

Latitude / Longitude in Decimal Degree (DD): 43.9389 °N -89.9492 °W

Method Code: GCD013

SE SW or Govt Lot #	Section	Township	Range
	18	17 N	5 E

2. Well Type Reconstruction

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: RUSTED SCREEN

Construction Type: Jetted

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

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	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

27 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		11-12-1991
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
MB		11-12-1991

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)	>	50

Type	Qualifier	Distance
Building Overhang		4
Septic or Holding, or POWTS Tank	>	25

Comment:

Created On: 03-18-1992 Updated On: 05-04-2020 Review Status: