Well Construction Report
WISCONSIN UNIQUE WELL NUMBER CH396

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

Form 3300-077A

Property Owner: SCOTT VAN GORDEN			Phone #: (715)333-5605
Mailing Address: N405 LAGUNA AVE			
City: MERRILLAN	State: WI	Zip Code: 54754	
County: Clark	Co. Permit #:	Notification #:	Completed: 04-06-1992

Well Constructor (Business Name): HEEG, BRIAN	Lic. #: 355	Facility ID # (Public Wells):	
Address: 5069 E CTY F AUBURNDALE WI 54412		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity: 0.1	

1. Well Location

Town of DEWHURST

Fire # (if avail.):

Street Address or Road Name and Number:

Subdivision Name:	Lot #:	Block #:		
Latitude / Longitude in Decimal Degree (DD): °N °W			Method Code:	
NE NE or Govt Lot #:	Section: 34	Township: 23 N	Range: 3 W	

2. Well Type New Well

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: HOUSE

Construction Type: Drilled

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.)
8	Surface	40
6	40	70

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Yes — Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Yes — Temp. Outer Casing 8in. dia
- Yes — 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	17
Q	GRANITE	17	70

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	ST STEEL ASTM A53 SAWHILL USA WELDED JOINT	Surface	40
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

10 ft. below ground surface

10. Pump Test

Pumping level 70 ft. below surface

Pumping at 4 GP for 2 Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method PUMP

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
CEMENT	Surface	40	6

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
BH		04-06-1992
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
BH		04-06-1992

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		20	Sewer - Building Sanitary		200

Comment:

Created On: 05-21-1992 Updated On: 05-21-1992 Review Status: