# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* CU894

**Drinking Water and Groundwater - DG/5**
**Department of Natural Resources, Box 7921**
**Madison WI 53707**
Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: STEADMAN, ROGER | | | Phone # |
| Mailing Address: 1549 FOX RUN DR | | | |
| City: TWIN LAKES | State: WI | Zip Code: 53181 | |
| County: Kenosha | Co. Permit # | Notification # | Completed: 11-28-1998 |

**1. Well Location**
Village of TWIN LAKES
Fire # (if avail.)
Street Address or Road Name and Number: 1549 FOX RUN DR

| Subdivision Name | Lot # | Block # |
|---|---|---|
| FOX RUN | | |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| LOUIS G SIEVERT | 475 | |

Latitude / Longitude in Decimal Degree (DD): 42.5124 °N -88.2835 °W
Method Code: GCD013

Address: 38827 90TH ST, BURLINGTON WI 53105-8513
Well Plan Approval #
Approval Date (mm-dd-yyyy)

| SW | SW | Section | Township | Range |
|---|---|---|---|---|
| or Govt Lot # | | 29 | 1 N | 19 E |

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

| Hicap Permanent Well # | Common Well # | Specific Capacity |
|---|---|---|
| | | 0.9 |

Reason for replaced or reconstructed well ?
NEW HOME

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

Construction Type: Drilled

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

| 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 | |

**8. Geology**

| Geology Codes | | | | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|---|---|---|
| | | C | F | CLAY FILL | Surface | 10 |
| | | C | G | STONEY CLAY | 10 | 18 |
| Y | | G | | GRAVEL YELLOW | 18 | 30 |
| | | S | | SAND | 30 | 110 |
| | | C | | CLAY | 110 | 113 |
| I | | G | | GRAVEL WHITE | 113 | 124 |

**6. Casing, Liner, Screen** — Removed? ____depth ft. (If NO explain on back side)

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 5 | BLACK T C R@D A53B15# ASTM IPSCO TUBULARS INC | Surface | 121 |
| **Dia. (in.)** | **Screen type, material & slot size** | **From (ft.)** | **To (ft.)** |
| 5 | TEL STAINLESS JOHNSON | 121 | 124 |

**9. Static Water Level**
42 ft. below ground surface

**10. Pump Test**
Pumping level 55 ft. below surface
Pumping at 12 GP M for 36 Hrs.
Pumping Method ?

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

**7. Grout or Other Sealing Material**
Method STARTER HOLE @ DRIVE

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| GRANULAR BENTONITE | Surface | | 1 S |

**12.** Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? No
NA

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| LGS | | 12-02-1998 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | |

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

| Type | Qualifier | Distance | Type | Qualifier | Distance |
|---|---|---|---|---|---|
| Building Drain - Sanitary | | 30 | Foundation Drain to Clearwater | | 20 |
| Building Overhang | | 12 | Sewer - Building Sanitary | | 32 |
| Collector Sewer - San or Storm | > | 65 | Septic or Holding, or POWTS Tank | > | 65 |

Comment:

Created On: 03-08-1999 Updated On: 08-23-2019 Review Status: