Well Construction Report
WISCONSIN UNIQUE WELL NUMBER CY346

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

Form 3300-077A

Property Owner: SAM STUHR			Phone #: (608)783-3292
Mailing Address: 715 TILLMAN DR			
City: ONALASKA	State: WI	Zip Code: 54650	
County: Jackson	Co. Permit #:	Notification #:	Completed: 12-07-1990

Well Constructor (Business Name): RUSH ROBERT L	Lic. #: 181	Facility ID # (Public Wells):	
Address: ROUTE 4 BOX 190 BLACK RIVER FALLS WI 54615		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity: 1.2	

1. Well Location

Town of MANCHESTER

Fire # (if avail.):

Street Address or Road Name and Number:

Subdivision Name:	Lot #:	Block #:	
Latitude / Longitude in Decimal Degree (DD): °N °W			Method Code:
SW SW or Govt Lot #	Section: 23	Township: 20 N	Range: 3 W

2. Well Type New Well

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: NO WATER

Construction Type: Drilled

3. Well serves 1 # of CABIN

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.)
6	Surface	45

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes — Cable-tool Bit 6in. 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.)
	Q	S		SAND, CAVING	Surface	29
		N		SAND ROCK	29	45

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	BLACK PLAIN END-STEEL A-53 18.97 WELDED SAWHILLUSA	Surface	32
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

25 ft. below ground surface

10. Pump Test

Pumping level 30 ft. below surface

Pumping at 6 GP for 6 Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
RLR		12-29-1990
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
RLR		12-29-1990

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		140	Privy		80

Comment:

Created On: 07-17-1991 Updated On: 07-17-1991 Review Status: