

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				CZ371		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner LEON @ NORENE DANKE						Phone # (414)667-4243		1. Well Location				Fire # (if avail.)							
Mailing Address RT 1						Town of TOWNSEND						17548							
City FREMONT						State WI		Zip Code 54940				Street Address or Road Name and Number							
County Oconto						Co. Permit #		Notification #		Completed 08-08-1990		17548 RED MAPLE LN							
Well Constructor (Business Name) GEIGER GERALD V						Lic. # 5154		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) 45.3154 °N -88.6126 °W		Method Code GCD013							
Address P O BOX 54 LAKEWOOD WI 54138						Well Plan Approval #		SW NW Section Township Range or Govt Lot # 27 33 N 15 E		2. Well Type Replacement of previous unique well # constructed in Reason for replaced or reconstructed well ? NOT ENOUGH WATER									
						Approval Date (mm-dd-yyyy)													
Hicap Permanent Well #				Common Well #		Specific Capacity 0.3		Construction Type Driven Point											
3. Well serves 1 # of Private, potable						Hicap Well ? No													
Heat Exchange ___ # of drillholes						Hicap Property ? No													
4. Potential Contamination Sources - ON REVERSE SIDE																			
5. Drillhole Dimensions and Construction Method																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Upper Enlarged Drillhole 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 </td> <td style="width: 50%; vertical-align: top;"> Lower Open Bedrock </td> </tr> </table>												Upper Enlarged Drillhole 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	Lower Open Bedrock						
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6. Casing, Liner, Screen						Removed? ___ depth ft. (If NO explain on back side)		9. Static Water Level		11. Well Is									
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly		From (ft.) To (ft.)		10 ft. below ground surface		12 in. above grade		Developed ? Yes									
2 R@D STEEL				Surface 26		10. Pump Test		Disinfected ? Yes		Capped ? Yes									
Dia. (in.)		Screen type, material & slot size		From (ft.) To (ft.)		Pumping level 25 ft. below surface													
2 60 GA MIDWEST POINT				26 29		Pumping at 4 GP for 2 Hrs.													
						Pumping Method ?													
7. Grout or Other Sealing Material						12. Notified Owner of need to fill & seal ?													
Method						Filled & Sealed Well(s) as needed? No UNABLE TO LOCATE													
						13. Constructor / Supervisory Driller		Lic #		Date Signed									
						JG				08-11-1990									
						Drill Rig Operator		Lic or Reg #		Date Signed									

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		4	Shoreline/Pool		75
			Septic or Holding, or POWTS Tank		40

Comment:

Created On: 10-23-1990

Updated On: 11-15-2019

Review Status: