Well Construction Report
WISCONSIN UNIQUE WELL NUMBER DA123

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

Form 3300-077A

Property Owner: HENRY GOODFACE	Phone #: (715)216-2220
Mailing Address: 15536 JENNY LN	
City: MOUNTAIN	State: WI — Zip Code: 54149
County: Oconto	Co. Permit #: — Notification #: — Completed: 10-01-1990
Well Constructor (Business Name): GEIGER GERALD V	Lic. #: 5154 — Facility ID # (Public Wells):
Address: P O BOX 54 LAKEWOOD WI 54138	Well Plan Approval #: — Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #: — Specific Capacity:

1. Well Location

Town of TOWNSEND	Fire # (if avail.): 15536
Street Address or Road Name and Number:	
Subdivision Name:	Lot #: — Block #:
Latitude / Longitude in Decimal Degree (DD): °N °W	Method Code:
SE NE or Govt Lot #:	Section: 21 — Township: 32 N — Range: 15 E

2. Well Type Replacement

of previous unique well #: — constructed in:

Reason for replaced or reconstructed well ?

OLD WELL IN BASEMENT

Construction Type: Driven Point

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

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.)
S	SAND	Surface	38

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.)
2	" R@D T@C PIPE SAWHILL	Surface	35
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	60 GA MIDWEST 325	35	38

9. Static Water Level

27 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at 4 GP for 3 Hrs.

Pumping Method ?

11. Well Is

14 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? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
JG		10-02-1990
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 Overhang		9	Septic or Holding, or POWTS Tank		38

Comment:

Created On: 03-13-1991 Updated On: 03-13-1991 Review Status: