# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* DC982

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: ANDERS INC. | | | Phone #: (414)542-0246 |
| Mailing Address: 21420 W GREENFIELD | | | |
| City: NEW BERLIN | State: WI | Zip Code: 53146 | |
| County: Waukesha | Co. Permit #: | Notification #: | Completed: 10-18-1990 |

**1. Well Location**

Town of DELAFIELD

Fire # (if avail.):

Street Address or Road Name and Number: N-11 W-29962 KINGSWAY

| Subdivision Name | Lot # | Block # |
|---|---|---|
| DOVER BAY | | |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| ED KRANZ | 340 | |

Latitude / Longitude in Decimal Degree (DD): °N °W

Method Code:

Well Plan Approval #:

| NE | NW | Section | Township | Range |
|---|---|---|---|---|
| or Govt Lot # | | 26 | 7 N | 18 E |

Address: 14325 W HAMPTON RD
BROOKFIELD WI 53005-1622

Approval Date (mm-dd-yyyy):

**2. Well Type** New Well

of previous unique well # constructed in

| Hicap Permanent Well # | Common Well # | Specific Capacity |
|---|---|---|
| | | 4 |

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**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 10 | Surface | 20 |
| 6 | 20 | 317 |

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes Cable-tool Bit 10in. 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.) |
|---|---|---|---|---|---|---|
| | | C | G | STONEY CLAY | Surface | 25 |
| | | Y | | SAND @ GRAVEL | 25 | 57 |
| | | L | | LIMEROCK | 57 | 317 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | NEW BLACK STEEL T.C.-19.45# PER FT. ASTM A-53 GR.B NKK | Surface | 57 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**

20 ft. below ground surface

**10. Pump Test**

Pumping level 25 ft. below surface

Pumping at 20 GP for 4 Hrs.

Pumping Method ?

**11. Well Is**

10 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

**7. Grout or Other Sealing Material**

Method

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| PUDDLED CLAY | Surface | 20 | |

**12.** Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| EK | | 12-29-1990 |
| 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 | | 10 | Clearwater Sump | | 20 |
| | | | Septic or Holding, or POWTS Tank | | 60 |

Comment:

| Variance ID | Variance or Exception Type | Date | Reason |
|---|---|---|---|
| | Well Construction | 07/31/1991 | WELL IS 12" ABOVE GRADE-DONT EXTEND WELL |

Created On: 10-21-1991 Updated On: 10-21-1991 Review Status: