Well Construction Report
WISCONSIN UNIQUE WELL NUMBER DQ514

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

Form 3300-077A

Property Owner: PETER KUNNANZ			Phone #
Mailing Address: 7202 ZINSER ST			
City: SCHOFIELD	State: WI	Zip Code: 54476	
County: Marathon	Co. Permit #	Notification #	Completed: 07-12-1991

Well Constructor (Business Name): HORNUNG, JAMES A	Lic. #: 695	Facility ID # (Public Wells)	
Address: N952 HWY W MERRILL WI 54452		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity	

1. Well Location

Fire # (if avail.)

Town of WESTON

Street Address or Road Name and Number: RIVER RD

Subdivision Name	Lot #	Block #

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

Method Code

NE	SE	Section	Township	Range
or Govt Lot #		13	28 N	8 E

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type: Drilled

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

Dia. (in.)	From (ft.)	To (ft.)
8	Surface	40
6	40	145

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Yes — Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Yes — Temp. Outer Casing 8in. dia
  Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		S		SAND	Surface	7
K		Q		BLACK HARD GRANITE	7	145

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	FEMCO ASTMA 530 6 5/8 .280 WALL WELDED 1890# USASAWHILL	Surface	40
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

0 ft. _____ ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

18 in. above grade

Developed ?

Disinfected ?

Capped ?

7. Grout or Other Sealing Material

Method PUMPED

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
NEAT GROUT	Surface	40	8

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No

NO WELL

13. Constructor / Supervisory Driller	Lic #	Date Signed
JH		12-06-1991
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
JHJR		09-16-1991

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

Comment:

Created On: 03-23-1992 Updated On: 03-23-1992 Review Status: