Well Construction Report
WISCONSIN UNIQUE WELL NUMBER DR491

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

Form 3300-077A

Property Owner: BILL GARVENS			Phone #: (414)642-7803
Mailing Address: RT 4 BOX 64-A			
City: ELKHORN	State: WI	Zip Code: 53121	
County: Walworth	Co. Permit #:	Notification #:	Completed: 05-19-1992

Well Constructor (Business Name): BARR, MICHAEL J	Lic. #: 550	Facility ID # (Public Wells):	
Address: PO BOX 162 EAST TROY WI 53120-0162		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity: 0.3	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of TROY

Fire # (if avail.):

Street Address or Road Name and Number: HWY A

Subdivision Name: | Lot #: | Block #:

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

Method Code:

NE SW or Govt Lot #: | Section: 33 | Township: 4 N | Range: 17 E

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
NEW HOME

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	268

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.)
G	GRAVEL	Surface	59
C	CLAY	59	267
L	LIMESTONE	267	268

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	NEW P.E. SAWHILL ASTM A-53 18.97 LBS. FT BLK	Surface	267
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
52 ft. below ground surface

10. Pump Test
Pumping level 100 ft. below surface
Pumping at 12 GP for 3 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
MJB		05-28-1992
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
MJB		05-28-1992

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		80
Building Drain - Sanitary		35
Building Overhang		10
Clearwater Sump		40

Type	Qualifier	Distance
Downspout/Yard Hydrant		12
Foundation Drain to Clearwater		12
Sewer - Building Sanitary		50
Septic or Holding, or POWTS Tank		60

Comment:

Created On: 06-19-1992 Updated On: 06-19-1992 Review Status: