Well Construction Report
WISCONSIN UNIQUE WELL NUMBER DR492

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

Form 3300-077A

Property Owner: ART TILLMAN	Phone #: (414)742-3179
Mailing Address: RT 4 BOX 310A ELM ST	
City: ELKHORN	State: WI — Zip Code: 53121
County: Walworth	Co. Permit #:
Notification #	Completed: 05-21-1992
Well Constructor (Business Name): BARR, MICHAEL J	Lic. #: 550
Facility ID # (Public Wells)	
Well Plan Approval #	
Address: PO BOX 162 EAST TROY WI 53120-0162	Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well #
Specific Capacity: 3	

1. Well Location

Town of SUGAR CREEK

Fire # (if avail.)

Street Address or Road Name and Number: RT 4 BOX 310-A ELM ST

Subdivision Name: INTERLAKEN	Lot #	Block #

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

Method Code

NE	SW	Section	Township	Range
or Govt Lot #		11	3 N	16 E

2. Well Type Replacement

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?: ILLEGAL POINT 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.)
6	Surface	35

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	35

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	NEW P.E. ASTM A-53 BLK. SAWHILL 18.97LBS FT	Surface	35
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

16 ft. below ground surface

10. Pump Test

Pumping level 20 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? No

OWNER TO DO IT

13. Constructor / Supervisory Driller	Lic #	Date Signed
MJB		06-03-1992
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
MJB		06-03-1992

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		70
Building Drain - Sanitary		40
Building Overhang		12

Type	Qualifier	Distance
Downspout/Yard Hydrant		10
Wastewater Sump		30
Sewer - Building Sanitary		40
Septic or Holding, or POWTS Tank		50

Comment:

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