

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				EC297		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner MCGUIRE						Phone #		1. Well Location				Fire # (if avail.)							
Mailing Address 2426 BROOKS RD						Village of						Street Address or Road Name and Number 2426 BROOKS RD							
City MOSINEE				State WI		Zip Code 54455													
County Marathon		Co. Permit #		Notification #		Completed 05-30-1987		Subdivision Name				Lot #		Block #					
Well Constructor (Business Name) LANG				Lic. #		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD)				Method Code					
Address				Well Plan Approval #				SE SW		Section 31		Township 26 N		Range 7 E					
				Approval Date (mm-dd-yyyy)				or Govt Lot #		31		26 N		7 E					
Hicap Permanent Well #		Common Well #		Specific Capacity				2. Well Type											
3. Well serves # of Private, potable Heat Exchange ___ # of drillholes				Hicap Well ? Hicap Property ? Hicap Potable ?				of previous unique well # constructed in											
								Reason for replaced or reconstructed well ?											
4. Potential Contamination Sources - ON REVERSE SIDE												Construction Type							
5. Drillhole Dimensions and Construction Method														8. Geology					
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 Removed? ___ depth ft. (If NO explain on back side)																			
6. Casing, Liner, Screen														9. Static Water Level				11. Well Is	
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		___ ft. ___ ground surface				___ in. ___ Grade					
6		Surface				Surface		Surface		10. Pump Test				Developed ?					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level ___ ft. below surface				Disinfected ?					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping at ___ GP for ___ Hrs.				Capped ?					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping Method ?				12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?					
7. Grout or Other Sealing Material Method										13. Constructor / Supervisory Driller						Lic #		Date Signed	
Method										Drill Rig Operator				Lic or Reg #		Date Signed			

4a. Potential Contamination Sources

Is the well located in floodplain ?

Comment:

Created On: 12-03-2021

Updated On: 12-04-2021

Review Status: APPROVED

Note: This well was inventoried. A well construction report was not submitted.

Well Depth:

Bedrock Depth: