# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* ED825

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

Form 3300-077A

| | |
|---|---|
| Property Owner: PETE WEBER | Phone #: (715)384-2023 |
| Mailing Address: 9959 AIRPORT | |
| City: MARSHFIELD | State: WI — Zip Code: 54449 |
| County: Wood | Co. Permit # | Notification # | Completed: 01-01-1988 |

**1. Well Location**

Village of | Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name | Lot # | Block #

| | | | |
|---|---|---|---|
| Well Constructor (Business Name): HAUPT | Lic. # | Facility ID # (Public Wells) | Latitude / Longitude in Decimal Degree (DD): 44.64109 °N -90.21085 °W — Method Code: GPS008 |
| | | Well Plan Approval # | or Govt Lot # — Section — Township: N — Range |
| Address | | Approval Date (mm-dd-yyyy) | |
| Hicap Permanent Well # | Common Well # | Specific Capacity | |

**2. Well Type**

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

**3. Well serves** # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

Construction Type

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

| 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) | |

**8. Geology**

**6. Casing, Liner, Screen**

| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
|---|---|---|---|
| | | | |

**9. Static Water Level**

180 ft. _____ ground surface

**11. Well Is**

_____ in.
_____Grade

Developed ?

Disinfected ?

Capped ?

**10. Pump Test**

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

**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 |
|---|---|---|
| | | |
| 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: 07-11-2023 Review Status: APPROVED

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

Well Depth: Bedrock Depth: