

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				EG816		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner WILD ROSE FISH HATCHERY						Phone # (920)622-3527		1. Well Location				Fire # (if avail.)			
Mailing Address ROUTE 1 BOX 20						Village of						Street Address or Road Name and Number			
City WILD ROSE				State WI		Zip Code 54984									
County Waushara		Co. Permit #		Notification #		Completed 08-03-1991		Subdivision Name				Lot #		Block #	
Well Constructor (Business Name) VALLEY WELL DRILLING				Lic. #		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 44.19245 °N -89.24813 °W				Method Code GPS008	
Address				Well Plan Approval #		SW SW		Section 19		Township 20 N		Range 11 E			
				Approval Date (mm-dd-yyyy)		or Govt Lot #		19		20 N		11 E			
Hicap Permanent Well #		Common Well #		Specific Capacity		2. Well Type of previous unique well # constructed in									
3. Well serves # of Private, potable Heat Exchange ___ # of drillholes		Lic. #		Facility ID # (Public Wells)		Reason for replaced or reconstructed well ?									
				Well Plan Approval #		Construction Type									
				Approval Date (mm-dd-yyyy)											
4. Potential Contamination Sources - ON REVERSE SIDE															
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.)		Screen type, material & slot size				From (ft.)		To (ft.)		7.3 ft. _____ ground surface					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		_____ in. _____ Grade					
7. Grout or Other Sealing Material						10. Pump Test				Developed ?					
Method						Pumping level ___ ft. below surface				Disinfected ?					
						Pumping at ___ GP for ___ Hrs.				Capped ?					
						Pumping Method ?				12. Notified Owner of need to fill & seal ?					
Method						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: