Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EI708

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

Form 3300-077A

Property Owner: ROBERT WEST | Phone #:

Mailing Address: 312 W LOY ST

City: LOMBARD | State: IL | Zip Code: 60148

County	Co. Permit #	Notification #	Completed
Sawyer			06-24-1992

Well Constructor (Business Name): ROBERT FROEMEL | Lic. #: 4354 | Facility ID # (Public Wells):

Address: RT 5 BOX 5000F
HAYWARD WI 54843-8994

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

Hicap Permanent Well # | Common Well # | Specific Capacity

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location

Fire # (if avail.)

Town of BASS LAKE

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #

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

Method Code

NE	NE	Section	Township	Range
or Govt Lot #	001	27	40 N	9 W

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?
CABIN

Construction Type: Driven Point

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	

6. Casing, Liner, Screen Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	GALVI	Surface	71
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	SIMMONS-GALVANIZED	71	74

7. Grout or Other Sealing Material

Method

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		S		SAND	Surface	74

9. Static Water Level
35 ft. below ground surface

10. Pump Test
Pumping level 35 ft. below surface
Pumping at 10 GP M for 2 Hrs.
Pumping Method ?

11. Well Is
18 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
RW		06-29-1992
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Drain - Sanitary		58	Sewer - Building Sanitary		58
Building Overhang		55	Septic or Holding, or POWTS Tank		100

Comment:

Created On: 11-19-1992 Updated On: 11-19-1992 Review Status: