Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EK313

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

Form 3300-077A

Property Owner: LEO MULLARKEY			Phone #
Mailing Address: RT 1			
City: OXFORD	State: WI	Zip Code: 53952	
County: Adams	Co. Permit #	Notification #	Completed: 05-04-1992

Well Constructor (Business Name): ROOS, THOMAS D	Lic #: 249	Facility ID # (Public Wells)	
Address: PO BOX 82 OXFORD WI 53952-0082		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity	

1. Well Location

Town of JACKSON

Fire # (if avail.)

Street Address or Road Name and Number: EE

Subdivision Name	Lot #	Block #

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

Method Code

SW NW or Govt Lot #	Section: 14	Township: 15 N	Range: 7 E

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?: NEW HOME

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.)
2	Surface	87

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

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
S	SAND	Surface	87

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	GALV T@C SAWHILL A589 WT 3.75 1780 PSI	Surface	82
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1	4X5 JOHNSON 10 SLOT	82	87

9. Static Water Level

51 ft. below ground surface

10. Pump Test

Pumping level 51 ft. below surface

Pumping at 10 GP for 5 Hrs.

Pumping Method ?

11. Well Is

17 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?

13. Constructor / Supervisory Driller	Lic #	Date Signed
TDR		05-03-1992
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
TDR		

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		51

Type	Qualifier	Distance
Building Overhang		4
Septic or Holding, or POWTS Tank		26

Comment:

Created On: 06-03-1992 Updated On: 07-11-2023 Review Status: