Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EK320

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

Form 3300-077A

Property Owner: NEAL HOUSLET			Phone #
Mailing Address			
City: OXFORD	State: WI	Zip Code: 53952	
County: Marquette	Co. Permit #	Notification #	Completed: 05-14-1992

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	

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of OXFORD

Fire # (if avail.)

Street Address or Road Name and Number
CO TRUNK J

Subdivision Name: GLACIER LAKE	Lot #: LCA64	Block #

Latitude / Longitude in Decimal Degree (DD) ____°N ____°W
Method Code

NE SW or Govt Lot #	Section: 7	Township: 15 N	Range: 8 E

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
NEW HOME

Construction Type: Drilled

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	SAWHILL T@C GALV WT 375 PSI 1780	Surface	84
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	3' MIDWEST SS 60 GA	84	87

7. Grout or Other Sealing Material
Method

9. Static Water Level
30 ft. below ground surface

10. Pump Test
Pumping level 30 ft. below surface
Pumping at 15 GP for 12 Hrs.
Pumping Method ?

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
TDR		05-16-1992
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)		110

Type	Qualifier	Distance
Building Overhang		7
Septic or Holding, or POWTS Tank		54

Comment:

Created On: 06-19-1992 Updated On: 06-19-1992 Review Status: