Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EK322

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

Form 3300-077A

Property Owner: GARY SARAPHINE			Phone #
Mailing Address: N72 W23272 GOOD HOPE			
City: SUSSEX	State: WI	Zip Code: 53089	
County: Marquette	Co. Permit #	Notification #	Completed: 05-28-1992

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 SPRINGFIELD

Fire # (if avail.)

Street Address or Road Name and Number
DOVAR CT

Subdivision Name	Lot #	Block #

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

Method Code

SW NE or Govt Lot #	Section: 12	Township: 17 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.)
5	Surface	161

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 G	SAND @ LIGHT GRAVEL	Surface	161

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
5	SAWHILL PE WELD A53B WT 14.62 PSI 1780	Surface	158
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
5	3' JOHNSON SS 10 SLOT	158	161

7. Grout or Other Sealing Material
Method

9. Static Water Level
77 ft. below ground surface

10. Pump Test
Pumping level 77 ft. below surface
Pumping at 15 GP for 24 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		06-10-1992
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
TDR		06-10-1992

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

Type	Qualifier	Distance
Building Overhang		12

Comment:

Created On: 06-24-1992 Updated On: 06-24-1992 Review Status: