Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EN337

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

Form 3300-077A

Property Owner: W C ATKINSON			Phone #: (608)586-5995
Mailing Address: 233 E NETHERWOOD ST			
City: OREGON	State: WI	Zip Code: 53575	
County: Marquette	Co. Permit #:	Notification #:	Completed: 05-26-1992

Well Constructor (Business Name): PHILLIPS, JAMES R	Lic. #: 541	Facility ID # (Public Wells):	
Address: 592 CTY A GRAND MARSH WI 53936		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
Village of OXFORD

Fire # (if avail.):

Street Address or Road Name and Number:

Subdivision Name:	Lot #:	Block #:	
Latitude / Longitude in Decimal Degree (DD): °N °W			Method Code:
SE NW or Govt Lot #:	Section: 17	Township: 15 N	Range: 8 E

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

Reason for replaced or reconstructed well ?
HAD NO WELL

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	105
1.25	105	108

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes Cable-tool Bit 1in. 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	30
C	CLAY	30	80
S	SAND	80	105
Y	SAND GRAVEL	105	108

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	SAWHILL NEW STEEL ASTM 589 3.75# R@D COUPLED	Surface	105
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	STAINLESS SCREEN	105	108

7. Grout or Other Sealing Material
Method

9. Static Water Level
45 ft. below ground surface

10. Pump Test
Pumping level 45 ft. below surface
Pumping at 10 GP for 2 Hrs.
Pumping Method ?

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No
WERE NONE

13. Constructor / Supervisory Driller	Lic #	Date Signed
JP		05-27-1992
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		25	Building Overhang		4
			Sewer - Building Sanitary		25

Comment:

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