# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* EO845

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: VIRGINIA HANSEL | | | Phone #: (414)622-3473 |
| Mailing Address: RT 1 | | | |
| City: WILD ROSE | State: WI | Zip Code: 54984 | |
| County: Waushara | Co. Permit #: | Notification #: | Completed: 05-21-1992 |

| | | | |
|---|---|---|---|
| Well Constructor (Business Name): JENKS, LARRY L | Lic. #: 203 | Facility ID # (Public Wells): | |
| Address: RT 2 BOX 1422<br>WILD ROSE WI 54984-9327 | | Well Plan Approval #: | |
| | | Approval Date (mm-dd-yyyy): | |
| Hicap Permanent Well #: | Common Well #: | Specific Capacity: 1.7 | |

**1. Well Location**

Town of SPRINGWATER

Fire # (if avail.):

Street Address or Road Name and Number: CTY A

| | | | |
|---|---|---|---|
| Subdivision Name: | Lot #: | Block #: | |
| Latitude / Longitude in Decimal Degree (DD): °N °W | | | Method Code: |
| SE SE or Govt Lot #: | Section: 20 | Township: 20 N | Range: 11 E |

**2. Well Type** Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: PLUGGED POINT IN BASEMENT

Construction Type: Drilled

**3. Well serves** 1 # of TRAILER

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 | 45 |

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.) |
|---|---|---|---|---|---|---|
| | Q | S | | CAVING SAND | Surface | 12 |
| | W | S | | WATER BEARING SAND | 12 | 45 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 2 | SAWHILL T@C ASTM 589 3.75# | Surface | 42 |
| **Dia. (in.)** | **Screen type, material & slot size** | **From (ft.)** | **To (ft.)** |
| 1.25 | X 3' STAINLESS SCREEN | 42 | 45 |

**9. Static Water Level**

12 ft. below ground surface

**10. Pump Test**

Pumping level 18 ft. below surface

Pumping at 10 GP for 1 Hrs.

Pumping Method ?

**11. Well Is**

12 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? No

OWNER TO DO

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| LJ | | 05-29-1992 |
| **Drill Rig Operator** | **Lic or Reg #** | **Date Signed** |
| | | |

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

| Type | Qualifier | Distance |
|---|---|---|
| POWTS dispersal component (soil absorption unit or mound) | | 50 |

| Type | Qualifier | Distance |
|---|---|---|
| Building Overhang | | 6 |
| Septic or Holding, or POWTS Tank | | 35 |

Comment:

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