

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		1. Well Location				Fire # (if avail.)			
Mailing Address RT 1						Town of SPRINGWATER									
City WILD ROSE						State WI		Zip Code 54984				Street Address or Road Name and Number			
County Waushara						Co. Permit #		Notification #		Completed 05-21-1992		CTY A			
Well Constructor (Business Name) JENKS, LARRY L						Lic. # 203		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)		Method Code			
Address RT 2 BOX 1422 WILD ROSE WI 54984-9327						Well Plan Approval #		SE SE		Section 20		Township 20 N		Range 11 E	
								or Govt Lot #							
Approval Date (mm-dd-yyyy)						2. Well Type Replacement									
Hicap Permanent Well #						Common Well #		Specific Capacity 1.7		of previous unique well #				constructed in	
Reason for replaced or reconstructed well ?						PLUGGED POINT IN BASEMENT									
3. Well serves 1 # of TRAILER						Hicap Well ? No		Construction Type Drilled							
Private, potable						Hicap Property ? No									
Heat Exchange ___ # of drillholes						Hicap Potable ?									
4. Potential Contamination Sources - ON REVERSE SIDE															
5. Drillhole Dimensions and Construction Method															
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole				Lower Open Bedrock					
2		Surface		45		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							
7. Grout or Other Sealing Material Method															
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															
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 SourcesIs the well located in floodplain ? No

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		50	Building Overhang		6
			Septic or Holding, or POWTS Tank		35

Comment:

Created On: 06-24-1992

Updated On: 06-24-1992

Review Status: