Well Construction Report
WISCONSIN UNIQUE WELL NUMBER FT156

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

Form 3300-077A

Property Owner: JOE MATHEWS			Phone #: (608)647-4509
Mailing Address: RT 2			
City: RICHLAND CENTER	State: WI	Zip Code: 53581	
County: Richland	Co. Permit #:	Notification #:	Completed: 06-09-1992

Well Constructor (Business Name): HERBECK, ALBIN R	Lic. #: 482	Facility ID # (Public Wells):	
Address: PO BOX 37 SEXTONVILLE WI 53584-0037		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

1. Well Location

Town of BUENA VISTA

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: 5	Township: 9 N	Range: 2 E

2. Well Type Reconstruction

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?

DEEPENED FOR MORE WATER

Construction Type: Drilled

3. Well serves 1 # of DWELLING

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.)
10	Surface	42
6	42	240

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes — Cable-tool Bit 6in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia
- No — Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
C	CLAY	Surface	6
H	SHALE	6	20
N	SANDSTONE	20	240

6. Casing, Liner, Screen

Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material

Method

9. Static Water Level

144 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at 10 GP for 12 Hrs.

Pumping Method ?

11. Well Is

10 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
AH		06-11-1992
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
POWTS dispersal component (soil absorption unit or mound)	>	50	Downspout/Yard Hydrant	>	10
Building Drain - Sanitary	>	8	Sewer - Building Sanitary	>	8
Building Overhang	>	0	Animal Yard - Include Hutches	>	50
			Septic or Holding, or POWTS Tank		50

Comment: DEEPENED WELL 37' FOR MORE WATER

Created On: 06-29-1992 Updated On: 06-29-1992 Review Status: