

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				GK085		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner WGNHS					Phone # (608)262-1705		1. Well Location				Fire # (if avail.)				
Mailing Address 3817 MINERAL POINT R							Village of								
City MADISON							State WI		Zip Code 53706			Street Address or Road Name and Number			
County		Co. Permit #		Notification #		Completed 11-01-1987		Subdivision Name			Lot #		Block #		
Portage					Well Constructor (Business Name) WGNHS/G. KRAFT		Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)			Method Code	
Address					Well Plan Approval #		SE NE Section Township Range or Govt Lot # 25 23 N 7 E		°N °W		2. Well Type		of previous unique well # constructed in		
Hicap Permanent Well #					Common Well #		Specific Capacity		Reason for replaced or reconstructed well ?						
3. Well serves # of					Hicap Well ?		Construction Type								
Private, potable					Hicap Property ?		Reason for replaced or reconstructed well ?								
Heat Exchange ___ # of drillholes					Hicap Potable ?		Reason for replaced or reconstructed well ?								
4. Potential Contamination Sources - ON REVERSE SIDE															
5. Drillhole Dimensions and Construction Method															
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															
6. Casing, Liner, Screen															
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level				11. Well Is	
0.5		Surface				43.5		20 ft. _____ ground surface				_____ in. _____ Grade			
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		10. Pump Test				Developed ?	
Pumping level _____ ft. below surface		Pumping at _____ GP for _____ Hrs.				Pumping Method ?				Disinfected ?					
Pumping Method ?		Filled & Sealed Well(s) as needed?				Capped ?				12. Notified Owner of need to fill & seal ?					
7. Grout or Other Sealing Material															
Method															
13. Constructor / Supervisory Driller															
Lic #															
Date Signed															
Drill Rig Operator															
Lic or Reg #															
Date Signed															

4a. Potential Contamination Sources

Is the well located in floodplain ?

Comment:

Created On: 12-03-2021

Updated On: 07-11-2023

Review Status: APPROVED

Note: This well was inventoried. A well construction report was not submitted.

Well Depth: 44'

Bedrock Depth: