

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				GK088		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A															
Property Owner WGNHS						Phone # (608)242-1705		1. Well Location				Fire # (if avail.)													
Mailing Address 3817 MINERAL POINT R						Village of						Street Address or Road Name and Number													
City MADISON				State WI		Zip Code 53706																			
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 #						°N		°W		SE NE Section Township Range or Govt Lot # 25 23 N 7 E									
												Approval Date (mm-dd-yyyy)													
Hicap Permanent Well #				Common Well #		Specific Capacity				2. Well Type															
3. Well serves # of Private, potable Heat Exchange ___ # of drillholes						Hicap Well ? Hicap Property ? Hicap Potable ?						Reason for replaced or reconstructed well ?													
												Construction Type													
4. Potential Contamination Sources - ON REVERSE SIDE																									
5. Drillhole Dimensions and Construction Method														8. Geology											
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)														9. Static Water Level 20 ft. _____ ground surface						11. Well Is _____ in. _____ Grade Developed ? Disinfected ? Capped ?					
6. Casing, Liner, Screen																									
Dia. (in.)				Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)															
0.5				Surface				49.5		10. Pump Test Pumping level _____ ft. below surface Pumping at _____ GP for _____ Hrs. Pumping Method ?															
Dia. (in.)				Screen type, material & slot size				From (ft.)		To (ft.)		12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?													
7. Grout or Other Sealing Material Method																									
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: 50'

Bedrock Depth: