# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* HJ404

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: BRAND, BOB | | | Phone # |
| Mailing Address | | | |
| City: WASCOTT | State: WI | Zip Code: 54890 | |
| County: Douglas | Co. Permit # | Notification # | Completed: 09-07-1993 |

| | | | |
|---|---|---|---|
| Well Constructor (Business Name): MILTON H LONG | Lic. #: 279 | Facility ID # (Public Wells) | |
| Address: PO BOX 355<br>POPLAR WI 54864-0355 | | Well Plan Approval # | |
| | | Approval Date (mm-dd-yyyy) | |
| Hicap Permanent Well # | Common Well # | Specific Capacity | |

**1. Well Location**

Town of WASCOTT

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: 21 | Township: 43 N | Range: 12 W |

**2. Well Type** New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

NO WELL

Construction Type: Drilled

**3. Well serves** 1 # of

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.) |
|---|---|---|
| 8 | Surface | 145 |
| 4 | 145 | 149 |

Upper Enlarged Drillhole — Lower Open Bedrock

Yes 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.) |
|---|---|---|---|---|---|---|
| | | S | P | SAND @ HARDPAN | Surface | 145 |
| | | S | | SAND | 145 | 149 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 4 | STD BLK A53 | Surface | 145 |
| **Dia. (in.)** | **Screen type, material & slot size** | **From (ft.)** | **To (ft.)** |
| 4 | SS 10 | 145 | 149 |

**9. Static Water Level**

30 ft. below ground surface

**10. Pump Test**

Pumping level 8 ft. below surface

Pumping at 10 GP M for 4 Hrs.

Pumping Method ?

**11. Well Is**

14 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

**7. Grout or Other Sealing Material**

Method PUMP

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| DRILLNG MUD | Surface | 145 | |

**12.** Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

NONE

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| MHL | | |
| **Drill Rig Operator** | **Lic or Reg #** | **Date Signed** |
| WK | | |

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

Comment:

Created On: 11-15-1995 Updated On: 11-15-1995 Review Status: