Well Construction Report
WISCONSIN UNIQUE WELL NUMBER HS723

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

Form 3300-077A

Property Owner: QUIGLEY, GLENN			Phone #
Mailing Address: 6915 W WEDGEWOOD			
City: MILWAUKEE	State: WI	Zip Code: 53220	
County: Waushara	Co. Permit #	Notification #	Completed: 06-14-1995

Well Constructor (Business Name): ROBERT LEHR	Lic. #: 3013	Facility ID # (Public Wells)	
Address: PO BOX 36 WAUTOMA WI 54982-0036		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity	

1. Well Location

Fire # (if avail.): 9 95				
Town of MARION				
Street Address or Road Name and Number: 21ST AVE				
Subdivision Name	Lot #	Block #		
Latitude / Longitude in Decimal Degree (DD): °N °W			Method Code	
NW SW or Govt Lot #	Section: 9	Township: 18 N	Range: 11 E	

2. Well Type New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
Construction Type: Driven Point

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

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

6. Casing, Liner, Screen Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25		Surface	26
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25		26	29

7. Grout or Other Sealing Material
Method

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
S	SAND	Surface	29

9. Static Water Level
12 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

11. Well Is
24 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ?

12. Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
RL		06-14-1995
Drill Rig Operator	Lic or Reg #	Date Signed

4a. Potential Contamination Sources Is the well located in floodplain ?

Type	Qualifier	Distance	Type	Qualifier	Distance
Shoreline/Pool	>	25	Sewer - Building Sanitary	>	8

Comment:

Created On: 10-04-1995 Updated On: 10-04-1995 Review Status: