Well Construction Report
WISCONSIN UNIQUE WELL NUMBER IA779

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: KRAMER, ELMER			Phone #: (715)421-2553
Mailing Address: 2831 HOBNAIL CT			
City: WISCONSIN RAPIDS	State: WI	Zip Code: 54494	
County: Wood	Co. Permit #:	Notification #:	Completed: 09-23-1997

Well Constructor (Business Name): ELMER L KRAMER	Lic. #: 5026	Facility ID # (Public Wells):	
Address: 2831 HOBNAIL CT WI RAPIDS WI 54494-7356		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of GRAND RAPIDS

Fire # (if avail.):

Street Address or Road Name and Number: 3731 41ST CT

Subdivision Name	Lot #	Block #
CAPE VISTA ESTS	6	

Latitude / Longitude in Decimal Degree (DD)	Method Code
44.3606 °N -89.774 °W	GCD013

SW NE or Govt Lot #	Section	Township	Range
	27	22 N	6 E

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type: Driven Point

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	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
S	SAND	Surface	44

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.)
2	SAWHILL	Surface	44
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	JOHNSON	40	44

9. Static Water Level
27 ft. below ground surface

10. Pump Test
Pumping level _____ 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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
ELK		
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)	>	60	Downspout/Yard Hydrant		10
Building Drain - Sanitary	>	35	Sewer - Building Sanitary	>	35
Building Overhang		3	Septic or Holding, or POWTS Tank	>	40

Comment:

Created On: 04-21-1998 Updated On: 05-05-2020 Review Status: