Well Construction Report
WISCONSIN UNIQUE WELL NUMBER IA781

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

Form 3300-077A

Property Owner: BULIN, TOM			Phone #: (715)344-3596
Mailing Address: 2460 WILLOW DR AP B			
City: PLOVER	State: WI	Zip Code: 54167	
County: Adams	Co. Permit #:	Notification #:	Completed: 02-19-1997

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 ?
Hicap Property ?
Hicap Potable ?

1. Well Location
Town of ROME
Fire # (if avail.)
Street Address or Road Name and Number
1310 BIRDIE TRL NEKOOSA

Subdivision Name: BIRDIE ADD OF LAKE ARROWHEAD	Lot #: 10	Block #:

Latitude / Longitude in Decimal Degree (DD): 44.1928 °N -89.8211 °W				Method Code: GCD013
SE NE or Govt Lot #	Section: 19	Township: 20 N	Range: 6 E	

2. Well Type New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
NEW HOME
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
- 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.)
2	SAWMILL	Surface	40
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	JOHNSON	40	44

9. Static Water Level
25 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at 10 GP M for 6 Hrs.
Pumping Method ?

11. Well Is
15 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?
NO WELL ON PROPERTY

13. Constructor / Supervisory Driller	Lic #	Date Signed
ELKR		02-19-1997
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)	>	40
Building Drain - Sanitary	>	30
Building Overhang		5
Wastewater Sump	>	30
Sewer - Building Sanitary	>	30
Septic or Holding, or POWTS Tank	>	50

Comment:

Created On: 09-29-1997 Updated On: 05-04-2020 Review Status: