Well Construction Report
WISCONSIN UNIQUE WELL NUMBER IK166

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

Form 3300-077A

Property Owner: HILL, DAVE			Phone #: (715)276-9591
Mailing Address: SUNSET BAY LN			
City: TOWNSEND	State: WI	Zip Code: 54175	
County: Oconto	Co. Permit #:	Notification #:	Completed: 10-17-1997

Well Constructor (Business Name): EDWIN LEFEBER	Lic. #: 608	Facility ID # (Public Wells):	
Address: 14809 BEAR PAW TRL MOUNTAIN WI 54149-9594		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

1. Well Location

Town of TOWNSEND					Fire # (if avail.): 18216
Street Address or Road Name and Number: 18216 SUNSET BAY LN					
Subdivision Name:			Lot #:		Block #:
Latitude / Longitude in Decimal Degree (DD): 45.3352 °N -88.6049 °W					Method Code: GCD013
SW SE or Govt Lot #:		Section: 15	Township: 33 N		Range: 15 E

2. Well Type Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: OLD WELL NOT CODE

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	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
Y	SAND @ GRAVEL	Surface	30
S	SAND	30	38

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	WHEATLAND T@C RED ASTMA589	Surface	35
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	#60 SIMMONS S S	35	38

9. Static Water Level

10 ft. below ground surface

10. Pump Test

Pumping level 10 ft. below surface

Pumping at 5 GP M for 1 Hrs.

Pumping Method ?

11. Well Is

24 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
EL		10-24-1997
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
LL		10-24-1997

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		75

Type	Qualifier	Distance
Building Overhang		3
Septic or Holding, or POWTS Tank		55

Comment:

Created On: 01-28-1998 Updated On: 11-15-2019 Review Status: