Well Construction Report
WISCONSIN UNIQUE WELL NUMBER IK169

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

Form 3300-077A

Property Owner: PIASESKI, KIM			Phone #: (715)276-7007
Mailing Address: 17189 BOWMAN AVE			
City: TOWNSEND	State: WI	Zip Code: 54175	
County: Oconto	Co. Permit #:	Notification #:	Completed: 11-25-1997

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

Fire # (if avail.):

Town of RIVERVIEW

Street Address or Road Name and Number: HOLTS SPUR RD

Subdivision Name:	Lot #:	Block #:

Latitude / Longitude in Decimal Degree (DD): °N °W

Method Code:

NE SW or Govt Lot #:	Section: 21	Township: 32 N	Range: 16 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

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	TEF R@D DRIVE PIPE	Surface	26
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	SS #60 SIMMONS	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

8 ft. below ground surface

10. Pump Test

Pumping level 8 ft. below surface

Pumping at 5 GP M for 5 Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
EL		11-29-1997
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
LL		11-29-1997

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		70

Type	Qualifier	Distance
Building Overhang		3
Septic or Holding, or POWTS Tank		27

Comment:

Created On: 06-10-1998 Updated On: 06-10-1998 Review Status: