

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				IX500		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A							
Property Owner					Phone #		1. Well Location				Fire # (if avail.)						
Mailing Address						Town of RIETBROCK											
City					State		Zip Code										
County		Co. Permit #		Notification #		Completed		Street Address or Road Name and Number									
Marathon						01-01-1986		R5060 CTH H									
Well Constructor (Business Name)				Lic. #		Facility ID # (Public Wells)		Subdivision Name				Lot #		Block #			
LANG								Latitude / Longitude in Decimal Degree (DD)				Method Code					
						Well Plan Approval #		°N		°W							
Address						Approval Date (mm-dd-yyyy)		NE		NE		Section		Township		Range	
								or Govt Lot #		36		29 N		4 E			
Hicap Permanent Well #				Common Well #		Specific Capacity		2. Well Type									
								of previous unique well #									
								Reason for replaced or reconstructed well ?									
3. Well serves # of				Hicap Well ?		Hicap Property ?		Construction Type									
Private, potable																	
Heat Exchange ___ # of drillholes						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 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.)		9. Static Water Level							
6						Surface		40		___ ft. ___ ground surface							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		11. Well Is							
										___ in.							
										___ Grade							
										Developed ?							
										Disinfected ?							
										Capped ?							
7. Grout or Other Sealing Material																	
Method																	
10. Pump Test																	
Pumping level ___ ft. below surface																	
Pumping at ___ GP for ___ Hrs.																	
Pumping Method ?																	
12. Notified Owner of need to fill & seal ?																	
Filled & Sealed Well(s) as needed?																	
13. Constructor / Supervisory Driller																	
Lic #																	
Date Signed																	
Drill Rig Operator																	
Lic or Reg #																	
Date Signed																	

4a. Potential Contamination Sources

Is the well located in floodplain ?

Comment:

Created On: 12-03-2021

Updated On: 07-21-2024

Review Status: APPROVED

Note: This well was inventoried. A well construction report was not submitted.

Well Depth: 230'

Bedrock Depth: