Well Construction Report
WISCONSIN UNIQUE WELL NUMBER LB187

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

Property Owner	SCHARTNE, DALE
Phone #	
Mailing Address	31 FOXPOINT RD
City	AP[PLETON
State	WI
Zip Code	54491
County	Oneida
Co. Permit #	
Notification #	
Completed	10-26-1998
Well Constructor (Business Name)	RICHARDSON WELL DRILLING INC
Lic. #	315
Facility ID # (Public Wells)	
Well Plan Approval #	
Address	HWY 70 W 10681 MINOCQUA WI 54548
Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	
Common Well #	
Specific Capacity	2.3

1. Well Location
Town of MINOCQUA
Fire # (if avail.)
Street Address or Road Name and Number
DR PINK RD
Subdivision Name
Lot #
Block #
Latitude / Longitude in Decimal Degree (DD)
°N °W
Method Code

	Section	Township	Range
or Govt Lot # 001	15	39 N	6 E

2. Well Type New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
Construction Type Drilled

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

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	38

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

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

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	NEW BLK ASTM A53 WELD 18 97 LBS SAWHILL USA	Surface	35

Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
5	JOHNSON 10 SLOT	35	38

9. Static Water Level
16 ft. below ground surface

10. Pump Test
Pumping level 20 ft. below surface
Pumping at 9 GP M for 2 Hrs.
Pumping Method ?

11. Well Is
12 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
NA	Surface	0	

12. Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? No
NEW CONSTRUCTION

13. Constructor / Supervisory Driller	Lic #	Date Signed
MHH		10-26-1998
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)		90	Building Overhang		10
			Septic or Holding, or POWTS Tank		70

Comment:

Created On: 01-07-1999 Updated On: 01-07-1999 Review Status: