

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				MA989		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner MENDINI, MARK						Phone # (715)528-4822		1. Well Location				Fire # (if avail.)			
Mailing Address PO BOX 211						Town of FLORENCE						Street Address or Road Name and Number KK RD			
City FLORENCE				State WI		Zip Code 54121									
County Florence		Co. Permit #		Notification #		Completed 10-13-1998		Subdivision Name				Lot #		Block #	
Well Constructor (Business Name) KLEIMAN PUMP @ WELL DRILLING INC				Lic. # 575		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD)				Method Code	
Address PO BOX 704 IRON MOUNTAIN MI 49801-0704				Well Plan Approval #				°N		°W		NW SW Section Township Range or Govt Lot # 24 40 N 17 E			
				Approval Date (mm-dd-yyyy)											
Hicap Permanent Well #				Common Well #		Specific Capacity 0.2				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				Hicap Well ? No											
Heat Exchange ___ # of drillholes				Hicap Property ? No											
Heat Exchange ___ # of drillholes				Hicap Potable ?											
4. Potential Contamination Sources - ON REVERSE SIDE															
5. Drillhole Dimensions and Construction Method															
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole				Lower Open Bedrock					
8		Surface		42		Rotary - Mud Circulation				Yes 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)					
6		42		81		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.)					
V		X		CLAY SAND NONCAVING				Surface		3					
V		H		SLATE RED GRAY NON CAVING				3		56					
B		Q		RED WHITE QUARTZ BROKEN				56		62					
R		H		SLATE RED GRAY				62		81					
6. Casing, Liner, Screen															
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)							
6		A53 BLACK STEEL WELDED 280 SAWHILL 18 97# FT				Surface		42							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)							
7. Grout or Other Sealing Material															
Method DISPLACEMENT															
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement							
NEAT GROUT				Surface		42		6 S							
9. Static Water Level															
19 ft. below ground surface															
10. Pump Test															
Pumping level 80 ft. below surface															
Pumping at 13 GP M for 1 Hrs.															
Pumping Method ?															
11. Well Is															
24 in. above grade															
Developed ? Yes															
Disinfected ? Yes															
Capped ? Yes															
12. Notified Owner of need to fill & seal ?															
Filled & Sealed Well(s) as needed?															
13. Constructor / Supervisory Driller															
Lic #								Date Signed							
DR								10-13-1998							
Drill Rig Operator								Lic or Reg #							
DR								Date Signed							
10-13-1998								10-13-1998							

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		10	Septic or Holding, or POWTS Tank		65

Comment:

Created On: 11-18-1998

Updated On: 11-18-1998

Review Status: