Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MC057

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

Form 3300-077A

Property Owner: STEPANINK, RICHARD			Phone #: (715)341-1589
Mailing Address: 206 PINECREST			
City: STEVENS POINT	State: WI	Zip Code: 54481	
County: Portage	Co. Permit #:	Notification #:	Completed: 06-17-1998

Well Constructor (Business Name): CHETS PLBG @ HTG INC	Lic. #: 4832	Facility ID # (Public Wells):	
Address: 5009 COYE DR STEVENS POINT WI 54481-5001		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

1. Well Location

Town of HULL				Fire # (if avail.): 206
Street Address or Road Name and Number: 206 PINECREST				
Subdivision Name:		Lot #:		Block #:
Latitude / Longitude in Decimal Degree (DD): 44.5218 °N -89.549 °W				Method Code: GCD013
SW NW or Govt Lot #:		Section: 34	Township: 24 N	Range: 8 E

2. Well Type Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: PLUGGED POINT

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	STEEL	Surface	37
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	36 10 SLOT STAINLESS	37	40

7. Grout or Other Sealing Material

Method

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		S		SAND	Surface	40

9. Static Water Level

25 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ 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? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
PL		06-16-1998
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
Building Drain - Sanitary		20	Downspout/Yard Hydrant		30
Building Overhang		3	Sewer - Building Sanitary		30

Comment:

Created On: 11-02-1998 Updated On: 05-07-2020 Review Status: