Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MC060

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

Form 3300-077A

Property Owner: DANICZYK, FABIAN		Phone #: (715)344-2243
Mailing Address: 2511 MEADOW LN		
City: PLOVER	State: WI	Zip Code: 54467

County	Co. Permit #	Notification #	Completed
Portage			07-15-1998

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
CHETS PLBG @ HTG INC	4832	

Address: 5009 COYE DR
STEVENS POINT WI 54481-5001

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well #	Common Well #	Specific Capacity

3. Well serves 0 # of IRRIGATION
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Village of PLOVER

Fire # (if avail.)

Street Address or Road Name and Number
2511 MEADOW LN

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)				Method Code
44.4607 °N	-89.5319 °W			GCD013

NE SE or Govt Lot #	Section	Township	Range
	22	23 N	8 E

2. Well Type Replacement
of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type Driven Point

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

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
S	SAND	Surface	29

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	26
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	S S POINT 10 SLOT	26	29

9. Static Water Level
11 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

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

7. Grout or Other Sealing Material
Method

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
PL		07-15-1998
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		25	Downspout/Yard Hydrant		12
Building Overhang		3	Sewer - Building Sanitary		30

Comment:

Created On: 09-30-1998 Updated On: 05-07-2020 Review Status: