

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				MC069		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A															
Property Owner MASON, ELOYCE						Phone # (715)344-6273		1. Well Location				Fire # (if avail.)													
Mailing Address 5380 CLARICE CIR						Town of HULL						Street Address or Road Name and Number 5380 CLARICE CIR													
City STEVENS POINT				State WI		Zip Code 54481																			
County Portage		Co. Permit #		Notification #		Completed 02-18-1998		Subdivision Name			Lot #		Block #												
Well Constructor (Business Name) CHETS PLBG @ HTG INC				Lic. # 4832		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) 44.5195 °N -89.5205 °W				Method Code GCD013													
Address 5009 COYE DR STEVENS POINT WI 54481-5001				Well Plan Approval #		NE SW Section Township Range or Govt Lot # 35 24 N 8 E		2. Well Type Replacement of previous unique well # constructed in Reason for replaced or reconstructed well ? NO WATER																	
				Approval Date (mm-dd-yyyy)																					
Hicap Permanent Well #		Common Well #		Specific Capacity		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												8. Geology													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Upper Enlarged Drillhole 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 </td> <td style="width: 50%; padding: 5px;"> Lower Open Bedrock </td> </tr> </table>												Upper Enlarged Drillhole 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	Lower Open Bedrock	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Geology Codes</td> <td style="width: 45%;">Type, Caving/Noncaving, Color, Hardness, etc...</td> <td style="width: 15%;">From (ft.)</td> <td style="width: 25%;">To (ft.)</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">SAND</td> <td style="text-align: center;">Surface</td> <td style="text-align: center;">46</td> </tr> </table>				Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)	S	SAND	Surface	46
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6. Casing, Liner, Screen						9. Static Water Level				11. Well Is															
Removed? ___ depth ft. (If NO explain on back side)						30 ft. below ground surface				12 in. above grade															
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		10. Pump Test Pumping level ___ ft. below surface Pumping at ___ GP for ___ Hrs. Pumping Method ?															
2 STEEL		Surface				43		43																	
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Developed ? Yes Disinfected ? Yes Capped ? Yes															
2 ST ST POINT		43				46		46																	
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						02-18-1998													
						Drill Rig Operator				Lic or Reg #		Date Signed													

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		70	Building Overhang		2
Building Drain - Sanitary		20	Sewer - Building Sanitary		28
			Septic or Holding, or POWTS Tank		53

Comment:

Created On: 04-09-1998

Updated On: 05-07-2020

Review Status: