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
Mailing Address: 5380 CLARICE CIR	
City: STEVENS POINT	State: WI — Zip Code: 54481
County: Portage	Co. Permit #: — Notification #: — Completed: 02-18-1998
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

Fire # (if avail.):

Town of HULL

Street Address or Road Name and Number: 5380 CLARICE CIR

Subdivision Name: — Lot #: — Block #:

Latitude / Longitude in Decimal Degree (DD): 44.5195 °N -89.5205 °W — Method Code: GCD013

NE SW or Govt Lot #: — Section: 35 — Township: 24 N — Range: 8 E

2. Well Type Replacement

of previous unique well #: — constructed in:

Reason for replaced or reconstructed well ?: NO WATER

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	43
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	ST ST POINT	43	46

7. Grout or Other Sealing Material

Method

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		S		SAND	Surface	46

9. Static Water Level

30 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

12 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		02-18-1998
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		70
Building Drain - Sanitary		20

Type	Qualifier	Distance
Building Overhang		2
Sewer - Building Sanitary		28
Septic or Holding, or POWTS Tank		53

Comment:

Created On: 04-09-1998 Updated On: 05-07-2020 Review Status: