Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MD622

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

Form 3300-077A

Property Owner: VOIGHT, HERMAN			Phone #: (715)384-5748
Mailing Address: 3101 POPP AVE			
City: MARSHFIELD	State: WI	Zip Code: 54449	
County: Marathon	Co. Permit #:	Notification #:	Completed: 10-21-1998

1. Well Location

Town of SPENCER

Fire # (if avail.):

Street Address or Road Name and Number:

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
HAUPT, SYLVESTER R	489	

Latitude / Longitude in Decimal Degree (DD): °N °W

Method Code:

Address: HAUPT WELL DRLG
AUBURNDALE WI 54412

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

NE	NW	Section	Township	Range
or Govt Lot #		36	26 N	2 E

2. Well Type Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?
LACK OF WATER

Hicap Permanent Well #	Common Well #	Specific Capacity
		0

3. Well serves 1 # of HOME

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	20
6	20	122

Upper Enlarged Drillhole / Lower Open Bedrock

Yes — 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
Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
I	TOP SOIL	Surface	1
C	CLAY	1	66
Q	GRANITE	66	122

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	6 ASTM A53B 280 WALL WELDED US SAWHILL	Surface	66
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

28 ft. below ground surface

10. Pump Test

Pumping level 110 ft. below surface

Pumping at 2 GP M for 1 Hrs.

Pumping Method ?

11. Well Is

18 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
PUDDLE CLAY	Surface	20	

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
SH		11-02-1998
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
TP		

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		15	Sewer - Building Sanitary		30

Comment:

Created On: 01-19-1999 Updated On: 07-27-2006 Review Status: