Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MG922

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

Form 3300-077A

Property Owner: KRAMER, ELMER	Phone #: (715)421-2555
Mailing Address: 2831 HOBNAIL CT	
City: WISCONSIN RAPIDS	State: WI — Zip Code: 54494
County: Wood	Co. Permit #: — Notification #: — Completed: 10-01-1998
Well Constructor (Business Name): ELMER L KRAMER	Lic. #: 5026 — Facility ID # (Public Wells):
Address: 2831 HOBNAIL CT WI RAPIDS WI 54494-7356	Well Plan Approval #: — Approval Date (mm-dd-yyyy):
Hicap Permanent Well #	Common Well #: — Specific Capacity:

1. Well Location

Town of GRAND RAPIDS

Fire # (if avail.)

Street Address or Road Name and Number: 41ST CT

Subdivision Name	Lot #	Block #
CAPE VISTA	2	

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

SW	NW	Section	Township	Range
or Govt Lot #		27	22 N	6 E

2. Well Type New Well

of previous unique well # — constructed in 98

Reason for replaced or reconstructed well ?

NEW HOME

Construction Type: Driven Point

3. Well serves 1 # of HOME

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

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

8. Geology

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	SAWMILL	Surface	49
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	JOHNSON	45	49

9. Static Water Level

31 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at 10 GP M for 4 Hrs.

Pumping Method ?

11. Well Is

16 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
	Surface		

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

NO WELL ON PROPERTY

13. Constructor / Supervisory Driller	Lic #	Date Signed
ELK		
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)	>	65
Building Drain - Sanitary		35
Building Overhang		6
Wastewater Sump		35
Sewer - Building Sanitary		35
Septic or Holding, or POWTS Tank	>	40

Comment:

Created On: 03-05-2001 Updated On: 03-05-2001 Review Status: