Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MJ024

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

Form 3300-077A

Property Owner: BOTTOM, TOM			Phone #
Mailing Address: 13340 W OAK CT			
City: LOCKPORT	State: IL	Zip Code: 60441	
County: Vilas	Co. Permit #	Notification #	Completed: 12-10-2001

Well Constructor (Business Name): KLISS PLBG HTG & SEPTIC SERV INC	Lic. #: 6341	Facility ID # (Public Wells)	
Address: 1030 HWY 455 EAGLE RIVER WI 54521		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location

Town of LINCOLN

Fire # (if avail.): 5247

Street Address or Road Name and Number: 5247 ILLINOIS ST

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)				Method Code
45.9203 °N	-89.2899 °W			GCD013

NW SE or Govt Lot #	Section	Township	Range
7	30	40 N	10 E

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

Reason for replaced or reconstructed well ?
NOT CODE TO CLOSE TO SEPT

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.)
-	-	Y	-	SAND & GRAVEL	Surface	30

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.)
2.5	WHITE WATER PITLAS	Surface	5
2	R&D GALV ASTM A589-F	5	26
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	MIDWEST GALV 60#	26	30

9. Static Water Level
8 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at 8 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
	Surface		

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
LK		12-13-2001
Drill Rig Operator	Lic or Reg #	Date Signed
LN		12-11-2001

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		64	Shoreline/Pool		40
Building Drain - Sanitary		20	Nonconforming Pit or Alcove		54
Building Overhang		6	Sewer - Building Sanitary		30
			Septic or Holding, or POWTS Tank		45

Comment:

Created On: 01-28-2002 Updated On: 06-30-2020 Review Status: