

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				MN049		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A							
Property Owner COTE, STEVE						Phone # (847)548-8803		1. Well Location				Fire # (if avail.)					
Mailing Address 1477 MAYFAIR LN						Town of QUINCY						2059					
City GRAYSLAKE						State IL		Zip Code 60030				Street Address or Road Name and Number					
2059 WOOD ST						Subdivision Name				Lot #		Block #					
County Adams		Co. Permit #		Notification #		Completed 09-03-1998		DELLWOOD				1 2 3 36					
Well Constructor (Business Name)				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)				Method Code					
QUINNELL'S SEPTIC @ WELL SERVICE				97		Well Plan Approval #		43.95741 °N -89.94247 °W				GPS008					
Address 1894 DAKOTA AVE FRIENDSHIP WI 53934-9802				Approval Date (mm-dd-yyyy)		SE NE Section Township Range or Govt Lot # 7 17 N 5 E		2. Well Type Replacement				of previous unique well # constructed in					
Hicap Permanent Well #				Common Well #		Specific Capacity		Reason for replaced or reconstructed well ?				Construction Type Jetted					
3. Well serves 1 # of Private, potable						Hicap Well ? No		Hicap Property ? No				Hicap Potable ?					
Heat Exchange ___ # of drillholes						Hicap Potable ?		Construction Type Jetted				Hicap Potable ?					
4. Potential Contamination Sources - ON REVERSE SIDE												5. Drillhole Dimensions and Construction Method		8. Geology			
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)	
6		Surface		5		Rotary - Mud Circulation				S		SAND		Surface		16	
2		5		50		Rotary - Air				N S		FINE SAND		16		24	
						Rotary - Air & Foam				S		SAND		24		37	
						Drill-Through Casing Hammer				C		CLAY		37		42	
						Reverse Rotary				A S		COURSE SAND		42		50	
						Cable-tool Bit ___ in. dia...											
						Dual Rotary											
						Temp. Outer Casing ___ in. dia											
						Removed? ___ depth ft. (If NO explain on back side)											
6. Casing, Liner, Screen												9. Static Water Level				11. Well Is	
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		27 ft. below ground surface				12 in. above grade			
2		LACLEDE CORP ASTM A 589 IPS 154 WALL 3 75# FT2 THREADED COUPLINGS				Surface		46		10. Pump Test				Developed ? Yes			
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 27 ft. below surface				Disinfected ? Yes			
1.25		4 CAMPBELL 60 GAUZE				46		50		Pumping at 10 GP M for 1 Hrs.				Capped ? Yes			
7. Grout or Other Sealing Material												Pumping Method ?				12. Notified Owner of need to fill & seal ?	
Method												Filled & Sealed Well(s) as needed?				Yes	
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		13. Constructor / Supervisory Driller				Lic #		Date Signed	
SAND				Surface		0				DDQ						09-03-1998	
										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)		53	Building Overhang		6
			Septic or Holding, or POWTS Tank		45

Comment:

Created On: 11-02-1998

Updated On: 08-23-2022

Review Status: