Well Construction Report
WISCONSIN UNIQUE WELL NUMBER NW219

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

Form 3300-077A

Property Owner: WICK HOMES			Phone #: (608)795-4281
Mailing Address: PO BOX 70			
City: MAZOMANIE	State: WI	Zip Code: 53560	
County: Sauk	Co. Permit #:	Notification #:	Completed: 12-22-2002

Well Constructor (Business Name): ANTHONY PREM	Lic. #: 687	Facility ID # (Public Wells):	
Address: PO BOX 916 SPRING GREEN WI 53588-0916		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

1. Well Location

Town of SPRING GREEN

Fire # (if avail.): N/A

Street Address or Road Name and Number: IVY LN

Subdivision Name: VALLEY WEST	Lot #: 16	Block #:	
Latitude / Longitude in Decimal Degree (DD): °N °W			Method Code:
SW SE or Govt Lot #:	Section: 11	Township: 8 N	Range: 3 E

2. Well Type New Well

of previous unique well #: constructed in

Reason for replaced or reconstructed well ?

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	26
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	SS COOK 10TH	26	30

7. Grout or Other Sealing Material

Method

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

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
-	-	S	-	SAND	Surface	30

9. Static Water Level

9 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?

13. Constructor / Supervisory Driller	Lic #	Date Signed
TP		12-22-2002
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
MP		12-22-2002

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)		51	Sewer - Building Sanitary		20
Building Overhang		4	Septic or Holding, or POWTS Tank		32

Comment:

Created On: 02-03-2003 Updated On: 02-03-2003 Review Status: