Well Construction Report
WISCONSIN UNIQUE WELL NUMBER NW220

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

Form 3300-077A

Property Owner: KLEIN, BRIAN	Phone #: (608)588-7404
Mailing Address: S12877 IVY LN	
City: SPRING GREEN	State: WI — Zip Code: 53588

County	Co. Permit #	Notification #	Completed
Sauk			12-26-2002

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
ANTHONY PREM	687	

Address: PO BOX 916
SPRING GREEN WI 53588-0916

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 SPRING GREEN

Fire # (if avail.): S1287

Street Address or Road Name and Number: S12877 IVY LN

Subdivision Name	Lot #	Block #
VALLEY WEST	3	

Latitude / Longitude in Decimal Degree (DD): 43.1758 °N -90.103 °W
Method Code: GCD013

SW SE or Govt Lot #	Section	Township	Range
	11	8 N	3 E

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

Reason for replaced or reconstructed well ?

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

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 POINT 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
10 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

11. Well Is
14 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		12-26-2002
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
MP		12-26-2002

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)		80	Sewer - Building Sanitary		19
Building Overhang		6	Septic or Holding, or POWTS Tank		39

Comment:

Created On: 02-03-2003 Updated On: 03-30-2020 Review Status: