Well Construction Report
WISCONSIN UNIQUE WELL NUMBER NW222

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

Form 3300-077A

Property Owner: BINDL, RICHARD			Phone #: (608)588-3154
Mailing Address: S12845 IVY LN			
City: SPRING GREEN	State: WI	Zip Code: 53588	
County: Sauk	Co. Permit #:	Notification #:	Completed: 07-12-2003

Well Constructor (Business Name): ANTHONY PREM	Lic. #: 687	Facility ID # (Public Wells):	
Address: TONY PREM WELL & PUMPS 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.): S12845
Street Address or Road Name and Number: S12845 IVY LN					
Subdivision Name: VALLEY WEST				Lot #: 1	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

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
- - S -	SAND	Surface	38

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	31
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	SS COOK SCREEN 10TH	31	35

9. Static Water Level
11 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

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?

13. Constructor / Supervisory Driller	Lic #	Date Signed
TP		07-28-2003
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
MBP		07-28-2003

4a. Potential Contamination Sources Is the well located in floodplain ?

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		76
Building Overhang		4
Downspout/Yard Hydrant		9
Sewer - Building Sanitary		30
Septic or Holding, or POWTS Tank		64

Comment:

Created On: 08-21-2003 Updated On: 11-13-2003 Review Status: