

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				OK032		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																																																								
Property Owner FREEZE, ROBERT & JOANNE						Phone # (608)423-1360		1. Well Location				Fire # (if avail.)																																																						
Mailing Address 112 1/2 E MAIN ST PO						Town of OAKLAND						Street Address or Road Name and Number N3210 CTY HWY A FORT ATKINSON																																																						
City CAMBRIDGE				State WI		Zip Code 53523																																																												
County Jefferson		Co. Permit #		Notification #		Completed 10-20-2001		Subdivision Name CSM4114-20-113				Lot # 1		Block #																																																				
Well Constructor (Business Name) ALBIN VOGEL				Lic. # 634		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 42.9609 °N -88.9633 °W				Method Code GCD013																																																				
Address W4771 HWY 18 JEFFERSON WI 53549-9801						Well Plan Approval #				SE NW Section Township Range or Govt Lot # 28 6 N 13 E		2. Well Type New Well of previous unique well # constructed in Reason for replaced or reconstructed well ? NEW HOME Construction Type Drilled																																																						
Approval Date (mm-dd-yyyy)						Hicap Permanent Well # Common Well # Specific Capacity 2.1																																																												
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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						8. Geology																																																												
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6. Casing, Liner, Screen						9. Static Water Level				11. Well Is																																																								
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7. Grout or Other Sealing Material						10. Pump Test				Developed ? Yes Disinfected ? Yes Capped ? Yes																																																								
Method Kind of Sealing Material From (ft.) To (ft.) # Sacks Cement CLAY & BENTONITE Surface 21						Pumping level 42 ft. below surface Pumping at 15 GP M for 2 Hrs. Pumping Method ?																																																												
12. Notified Owner of need to fill & seal ?						Filled & Sealed Well(s) as needed? Yes NO OTHER WELLS ON PROPERTY																																																												
13. Constructor / Supervisory Driller																																																																		
AV						Lic #		Date Signed 11-19-2001																																																										
Drill Rig Operator						Lic or Reg #		Date Signed																																																										
MV						11-19-2001		11-19-2001																																																										

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		76	Clearwater Sump		47
Building Drain - Sanitary		41	Foundation Drain to Clearwater		10
Building Overhang		10	Sewer - Building Sanitary		48
			Septic or Holding, or POWTS Tank		57

Comment:

Created On: 12-10-2001

Updated On: 09-26-2019

Review Status: