

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				OS458		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A													
Property Owner WILSON, IAN					Phone #		1. Well Location				Fire # (if avail.)												
Mailing Address K095 SCOTTIE CT					Town of SCOTT																		
City NEW FRANKEN					State WI		Zip Code 54229																
Street Address or Road Name and Number 5095 SCOTTIE CT					Subdivision Name				Lot #		Block #												
County Brown		Co. Permit #		Notification #		Completed 01-25-2003		Latitude / Longitude in Decimal Degree (DD) 44.5533 °N -87.8358 °W				Method Code GCD013											
Well Constructor (Business Name) ERVIN J HEIM				Lic. # 551		Facility ID # (Public Wells)		SW NE Section Township Range or Govt Lot # 16 24 N 22 E		Well Plan Approval #													
Address 4904 CHURCH RD RT 2 NEW FRANKEN WI 54229				Approval Date (mm-dd-yyyy)		2. Well Type New Well																	
Hicap Permanent Well #		Common Well #		Specific Capacity 4		Reason for replaced or reconstructed well ?																	
3. Well serves 1 # of				Hicap Well ? No		Construction Type Drilled																	
Private, potable				Hicap Property ? No		Heat Exchange ___ # of drillholes																	
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.)					
10 Surface 10			Rotary - Mud Circulation									- - C - CLAY			Surface 10								
6 10 75			Rotary - Air									- - S G GRAVELY SAND			10 45								
			Rotary - Air & Foam									- - P - HARDPAN			45 61								
			Drill-Through Casing Hammer									- - L - LIMESTONE ROCK			61 75								
			Reverse Rotary																				
			Yes Cable-tool Bit 10in. dia... No																				
			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.)		25 ft. below ground surface						12 in. above grade						
6			T&C SAWHILL A53 ASTM-A53						Surface 61		10. Pump Test						Developed ? Yes						
Dia. (in.)			Screen type, material & slot size						From (ft.) To (ft.)		Pumping level 30 ft. below surface						Disinfected ? Yes						
											Pumping at 20 GP for 0.25 Hrs.						Capped ? Yes						
											Pumping Method ?												
7. Grout or Other Sealing Material												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			
DRILL SLURRY			Surface 61									EH								01-27-2003			
												Drill Rig Operator						Lic or Reg #		Date Signed			
												KEH								01-27-2003			

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		20	Foundation Drain to Clearwater		25
Downspout/Yard Hydrant		25	Sewer - Building Sanitary		25
			Ditch or Culvert		60

Comment:

Created On: 03-05-2003

Updated On: 11-21-2019

Review Status: