

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				PX100		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner ADRIAN SULLIVAN						Phone # (608)572-3228		1. Well Location				Fire # (if avail.) N6844			
Mailing Address N6844 10TH AVE						Village of N6844 10TH AVE						Street Address or Road Name and Number N6844 10TH AVE			
City NEW LISBON			State WI		Zip Code 53950			Subdivision Name				Lot # 1		Block #	
County Juneau		Co. Permit #		Notification #		Completed 01-01-2002		Latitude / Longitude in Decimal Degree (DD) °N °W				Method Code			
Well Constructor (Business Name) ED KRANZ				Lic. #		Facility ID # (Public Wells)		UN UN Section Township Range or Govt Lot # 2 16 N 3 E		2. Well Type of previous unique well # constructed in					
Address				Well Plan Approval #		Approval Date (mm-dd-yyyy)		Reason for replaced or reconstructed well ?							
Hicap Permanent Well #			Common Well #		Specific Capacity			Construction Type							
3. Well serves # of						Hicap Well ?		Private, potable							
Heat Exchange ____ # of drillholes						Hicap Property ?		Hicap Potable ?							
4. Potential Contamination Sources - ON REVERSE SIDE															
5. Drillhole Dimensions and Construction Method															
Upper Enlarged Drillhole 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 Removed? ____ depth ft. (If NO explain on back side) Lower Open Bedrock															
8. Geology															
6. Casing, Liner, Screen						9. Static Water Level				11. Well Is					
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly			From (ft.)		To (ft.)		____ ft. ____ ground surface		____ in. ____ Grade				
1.25		Surface			30		10. Pump Test		Developed ?						
Dia. (in.)		Screen type, material & slot size			From (ft.)		To (ft.)		Pumping level ____ ft. below surface		Disinfected ?				
Pumping at ____ GP for ____ Hrs.		Pumping Method ?			Pumping at ____ GP for ____ Hrs.		Capped ?		12. Notified Owner of need to fill & seal ?						
7. Grout or Other Sealing Material						Filled & Sealed Well(s) as needed?									
Method						13. Constructor / Supervisory Driller									
Method						Lic #		Date Signed							
Method						Lic or Reg #		Date Signed							

4a. Potential Contamination Sources

Is the well located in floodplain ?

Comment:

Created On: 12-03-2021

Updated On: 07-11-2023

Review Status: APPROVED

Note: This well was inventoried. A well construction report was not submitted.

Well Depth: 30'

Bedrock Depth: