Well Construction Report
WISCONSIN UNIQUE WELL NUMBER QK073

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

Form 3300-077A

Property Owner: MATSON, JOHN	Phone #: (608)248-2602
Mailing Address: 1149 S RIVER RD	
City: BUFFALO CITY	State: WI — Zip Code: 54622
County: Buffalo	Co. Permit #:
Notification #: 27391490	Completed: 07-24-2007
Well Constructor (Business Name): VIRGIL SCHAFFNER JR	Lic. #: 4644
Facility ID # (Public Wells):	
Well Plan Approval #:	
Address: SCHAFFNERS PLBG & HTG FOUNTAIN CITY WI 54629-0128	Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #:
Specific Capacity:	

1. Well Location

City of BUFFALO CITY

Fire # (if avail.):

Street Address or Road Name and Number: 1149 S RIVER RD

Subdivision Name:	Lot #:	Block #:

Latitude / Longitude in Decimal Degree (DD): 44.2189 °N -91.8517 °W

Method Code: GCD013

SW or Govt Lot #	SW	Section: 8	Township: 20 N	Range: 12 W

2. Well Type Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: PLUGGED SCREEN

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
- Removed? ____depth ft. (If NO explain on back side)

8. Geology

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	PITLESS	Surface	6
2	STEEL	6	41
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	SCREEN	41	44

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface		

9. Static Water Level

15 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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
VS		09-13-2007
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)	>	50
Building Drain - Sanitary	>	10
Building Overhang	>	2
Downspout/Yard Hydrant	>	10
Sewer - Building Sanitary	>	10
Septic or Holding, or POWTS Tank	>	25

Comment:

Created On: 11-09-2007 Updated On: 05-01-2020 Review Status: