Well Construction Report
WISCONSIN UNIQUE WELL NUMBER QK074

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: ROHRER, GARY	Phone #: (612)729-2393
Mailing Address: 6437 JOSEPHINE AVE	
City: EDINA	State: MN — Zip Code: 55439

County	Co. Permit #	Notification #	Completed
Buffalo		35476501	11-16-2009

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
VIRGIL SCHAFFNER JR	4644	

Address: SCHAFFNERS PLBG & HTG
FOUNTAIN CITY WI 54629-0128

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well #	Common Well #	Specific Capacity

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of BELVIDERE

Fire # (if avail.)

Street Address or Road Name and Number
W1751 INDIAN POINT LN

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)	Method Code
44.268 °N -91.881 °W	GCD013

NW SE or Govt Lot #	Section	Township	Range
	30	21 N	12 W

2. Well Type Replacement
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
CLOGGED SCREEN

Construction Type: Driven Point

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.)
1.25	GALVANIZED STEEL	Surface	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	SIMMONS 36 SS SLOTTED 60G	25	28

7. Grout or Other Sealing Material

Method

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

9. Static Water Level
9 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

11. Well Is
26 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		03-17-2010
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)		51
Shoreline/Pool		200

Type	Qualifier	Distance
Privy		100
Sewer - Building Sanitary		15
Septic or Holding, or POWTS Tank		25

Comment:

Created On: 04-21-2010 Updated On: 05-01-2020 Review Status: