

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				QP842		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner BARTELS, DON						Phone #		1. Well Location				Fire # (if avail.)							
Mailing Address 17097 CLUB HOUSE LN						Town of LAKEWOOD						Street Address or Road Name and Number LONG ST							
City LAKEWOOD				State WI		Zip Code 54138													
County Oconto		Co. Permit #		Notification #		Completed 01-10-2002		Subdivision Name				Lot #		Block #					
Well Constructor (Business Name) T & T WELL DRILLING				Lic. # 6571		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD)				Method Code					
Address 15271 HWY 32 LAKEWOOD WI 54138				Well Plan Approval #				NE NW Section Township Range or Govt Lot # 32 33 N 16 E		2. Well Type Replacement of previous unique well # constructed in Reason for replaced or reconstructed well ?									
				Approval Date (mm-dd-yyyy)															
Hicap Permanent Well #				Common Well #		Specific Capacity 0.3				Construction Type Drilled									
3. Well serves 1 # of				Hicap Well ? No															
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		50		Yes Rotary - Mud Circulation				No		- - Y G SAND-GRAVEL & BOULDERS		Surface		20			
6		50		84		Rotary - Air						- - Y - SAND-GRAVEL		20		30			
						Rotary - Air & Foam						- - Y G SAND-GRAVEL-BOULDERS		30		40			
						Drill-Through Casing Hammer						- - Y - SAND-GRAVEL		40		70			
						Reverse Rotary						- - S - SAND		70		84			
						Cable-tool Bit ____ in. dia...													
						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.)		40 ft. below ground surface				12 in. above grade					
6		ASTM A-53 GR.B SAWHILL TUBULAR WELDED JT 18.97#/FT				Surface		80		10. Pump Test				Developed ? Yes					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 70 ft. below surface				Disinfected ? Yes					
4		STAINLESS #12				80		84		Pumping at 8 GP for 4 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											
DRILLING MUD				Surface		50				13. Constructor / Supervisory Driller Lic # Date Signed TH 01-16-2002 Drill Rig Operator Lic or Reg # Date Signed AT									

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		10	Sewer - Building Sanitary		12

Comment:

Created On: 03-25-2002

Updated On: 12-18-2003

Review Status: