

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				QW772		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																															
Property Owner BEHLING, MARK						Phone #		1. Well Location				Fire # (if avail.)																													
Mailing Address 7086 HWY H						Town of ARENA						NA																													
City ARENA						State WI		Zip Code 53588				Street Address or Road Name and Number																													
County Iowa						Co. Permit #		Notification #		Completed 03-01-2005		HWY H																													
Well Constructor (Business Name) SAM RODAMAKER						Lic. # 349		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) 43.15565 °N -89.9472 °W		Method Code GPS008																													
Address WATERMAKER WELL DRLG&WATER SYS LLC SPRING GREEN WI 53588-8904						Well Plan Approval #		NW NE Section Township Range		or Govt Lot # 19 8 N 5 E		2. Well Type New Well of previous unique well # constructed in Reason for replaced or reconstructed well ? Construction Type Driven Point																													
								Approval Date (mm-dd-yyyy)		19 8 N 5 E																															
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 ?																																			
4. Potential Contamination Sources - ON REVERSE SIDE																																									
5. Drillhole Dimensions and Construction Method																																									
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6. Casing, Liner, Screen																																									
Removed? ___ depth ft. (If NO explain on back side)																																									
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9. Static Water Level																																									
12 ft. below ground surface																																									
10. Pump Test																																									
Pumping level ___ ft. below surface																																									
Pumping at ___ GP for ___ Hrs.																																									
Pumping Method ?																																									
11. Well Is																																									
16 in. above grade																																									
Developed ? Yes																																									
Disinfected ? Yes																																									
Capped ? Yes																																									
12. Notified Owner of need to fill & seal ?																																									
Filled & Sealed Well(s) as needed? NONE																																									
13. Constructor / Supervisory Driller																																									
Lic # Date Signed																																									
BR 03-01-2005																																									
Drill Rig Operator																																									
Lic or Reg # Date Signed																																									

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		100	Downspout/Yard Hydrant		18
Building Drain - Sanitary		27	Sewer - Building Sanitary		32
Building Overhang		20	Septic or Holding, or POWTS Tank		70

Comment:

Created On: 03-29-2005

Updated On: 08-25-2022

Review Status: