

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				SB496		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																			
Property Owner WEGNER, MIKE						Phone #		1. Well Location				Fire # (if avail.)																	
Mailing Address 6687 DEMBY RD						Town of ARENA						6687																	
City ARENA						State WI		Zip Code 53503				Street Address or Road Name and Number 6687 DEMBY RD																	
County Iowa		Co. Permit #		Notification #		Completed 03-01-2005		Subdivision Name				Lot #		Block #															
Well Constructor (Business Name) SAM RODAMAKER				Lic. # 349		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 43.1504 °N -89.9892 °W				Method Code GCD013															
Address WATERMAKER WELL DRLG&WATER SYS LLC SPRING GREEN WI 53588-8904				Well Plan Approval #		NE SW		Section 23		Township 8 N		Range 4 E		2. Well Type Replacement															
Hicap Permanent Well #				Common Well #		Specific Capacity				of previous unique well # constructed in																			
3. Well serves 1 # of				Hicap Well ? No		Reason for replaced or reconstructed well ?						OLD POINT FAILING																	
Private, potable				Hicap Property ? No		Construction Type Driven Point																							
Heat Exchange ___ # of drillholes				Hicap Potable ?																									
4. Potential Contamination Sources - ON REVERSE SIDE																													
5. Drillhole Dimensions and Construction Method																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 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 </td> <td style="width: 50%; padding: 5px;"> Lower Open Bedrock </td> </tr> </table>														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	Lower Open Bedrock														
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8. Geology																													
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6. Casing, Liner, Screen																													
Removed? ___ depth ft. (If NO explain on back side)																													
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7. Grout or Other Sealing Material																													
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Surface																													
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																													
14 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																													
BR																													
03-17-2005																													
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)		90	Sewer - Building Sanitary		20
Building Overhang		5	Septic or Holding, or POWTS Tank		60

Comment:

Created On: 04-13-2005

Updated On: 01-27-2020

Review Status: