Well Construction Report
WISCONSIN UNIQUE WELL NUMBER: ST416

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

Form 3300-077A

Property Owner: KELLY JAMES SERVICES	Phone #
Mailing Address: 3232 SILVER CEDAR RD	
City: OCONOMOWOC	State: WI — Zip Code: 53066
County: Waukesha	Co. Permit #: — Notification #: 21826753 — Completed: 12-07-2005
Well Constructor (Business Name): D & D WELL DRILLING CORP	Lic. #: 119 — Facility ID # (Public Wells):
Address: 36110 THOMAS DR, OCONOMOWOC WI 53066	Well Plan Approval #: — Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #: — Specific Capacity: 10

1. Well Location

Town of SUMMIT

Fire # (if avail.):

Street Address or Road Name and Number: 3232 SILVER CEDAR RD

Subdivision Name: — Lot #: — Block #:

Latitude / Longitude in Decimal Degree (DD): °N °W — Method Code:

or Govt Lot #	SE SE	Section	Township	Range
		9	7 N	17 E

2. Well Type Replacement

of previous unique well #: — constructed in:

Reason for replaced or reconstructed well ?: OLD POINT FAILED

Construction Type: Drilled

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

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	45

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

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
Y - Y -	SAND & GRAVEL-YELLOW	Surface	45

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	NEW BLK 18.97 PE ASTM A53 MFG IPSCO	Surface	42
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
6	SS SCREEN #18 SLOT	42	45

9. Static Water Level

19 ft. below ground surface

10. Pump Test

Pumping level 21 ft. below surface

Pumping at 20 GP M for 2 Hrs.

Pumping Method ?

11. Well Is

18 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No

13. Constructor / Supervisory Driller	Lic #	Date Signed
CJ		12-14-2005
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
DJ		12-14-2005

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		60
Building Overhang		12
Downspout/Yard Hydrant		12
Sewer - Building Sanitary		28
Septic or Holding, or POWTS Tank		45

Comment: OWNER TO FILL OLD POINT.

Created On: 07-13-2006 Updated On: 07-28-2006 Review Status: