Well Construction Report
WISCONSIN UNIQUE WELL NUMBER TB652

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

Form 3300-077A

Property Owner: KOMP, SAM	Phone #: (715)735-5012
Mailing Address: W427 OAKWOOD BCH	
City: MARINETTE	State: WI — Zip Code: 54143
County: Marinette	Co. Permit #:
Notification #: 19572106	Completed: 05-25-2005
Well Constructor (Business Name): WILLIAM G WALKER	Lic. #: 4750
Facility ID # (Public Wells):	
Well Plan Approval #:	
Address: 721 MAIN ST MARINETTE WI 54143-2631	
Approval Date (mm-dd-yyyy): 05-19-2005	
Hicap Permanent Well #:	Common Well #:
Specific Capacity:	

1. Well Location

City of MARINETTE	Fire # (if avail.): W427
Street Address or Road Name and Number: W427 OAKWOOD BCH	
Subdivision Name:	Lot #: — Block #:
Latitude / Longitude in Decimal Degree (DD): 45.0668 °N -87.6155 °W	Method Code: GCD013

SW	SW	Section	Township	Range
or Govt Lot #	3	17	30 N	24 E

2. Well Type Replacement

of previous unique well #: — constructed in:

Reason for replaced or reconstructed well ?: POINT PLUFFED

Construction Type: Driven Point

3. Well serves 1 # of YARD

Private, non-potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ?

Hicap Potable ?

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	80 MES # SS	Surface	21
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	80 MESH SS	21	24

9. Static Water Level

10 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ?

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? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
WGW		06-01-2005
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Type	Qualifier	Distance
Septic or Holding, or POWTS Tank		75

Comment:

Variance ID	Variance or Exception Type	Date	Reason
	Casing Depth Variance	07/11/2005	< REQUIRED CASING IN WELL

Created On: 08-25-2005 Updated On: 10-22-2019 Review Status: