

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				TS860		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner OLSON, DEBBIE						Phone # (608)334-4103									
Mailing Address 836 N GREENFIELD AVE						1. Well Location						Fire # (if avail.) 108			
City WAUKESHA						State WI		Zip Code 53186				Town of DELAFIELD			
Street Address or Road Name and Number MUIR VALLEY RD						Subdivision Name						Lot #		Block #	
County Waukesha		Co. Permit #		Notification #		Completed 08-31-2004		Latitude / Longitude in Decimal Degree (DD) °N °W				Method Code			
Well Constructor (Business Name) SAMS ROTARY DRILLERS INC				Lic. # 370		Facility ID # (Public Wells)		NE SE Section Township Range or Govt Lot # 20 7 N 18 E		2. Well Type New Well					
Address PO BOX 150 RANDOLPH WI 53956-0150				Well Plan Approval #		Approval Date (mm-dd-yyyy)		of previous unique well # constructed in							
Hicap Permanent Well #				Common Well #		Specific Capacity 0.2		Reason for replaced or reconstructed well ?							
3. Well serves 1 # of Private, potable						Hicap Well ? No		Construction Type Drilled							
Heat Exchange ___ # of drillholes						Hicap Property ? No		Hicap Potable ?							
4. Potential Contamination Sources - ON REVERSE SIDE															
5. Drillhole Dimensions and Construction Method															
Dia. (in.) From (ft.) To (ft.)			Upper Enlarged Drillhole			Lower Open Bedrock			8. Geology						
8.75 Surface 42			Yes Rotary - Mud Circulation			No			Geology Codes Type, Caving/Noncaving, Color, Hardness, etc...						
6 42 182			No Rotary - Air			Yes			- - Z - Clay & Gravel Surface 28						
			No Rotary - Air & Foam			No			- B L - Broken, Limestone/Dolomite 28 38						
			No Drill-Through Casing Hammer						- - L - Limestone/Dolomite 38 64						
			No Reverse Rotary						- - L H Limestone/Dolomite, Shaley 64 182						
			No Cable-tool Bit ___ in. dia...			No									
			Dual Rotary												
			No Temp. Outer Casing ___ in. dia												
			No Removed? ___ depth ft. (If NO explain on back side)												
6. Casing, Liner, Screen															
Dia. (in.)			Material, Weight, Specification Manufacturer & Method of Assembly			From (ft.) To (ft.)			9. Static Water Level						
6			STD BLK, PIPE, .280 WALL, P.E., A53B SAWHILL			Surface 42			20 ft. below ground surface						
Dia. (in.)			Screen type, material & slot size			From (ft.) To (ft.)			11. Well Is						
									15 in. above grade						
									Developed ? Yes						
									Disinfected ? Yes						
									Capped ? Yes						
7. Grout or Other Sealing Material															
Method Tremie Pipe - Pumped															
Kind of Sealing Material			From (ft.) To (ft.) # Sacks Cement			12. Notified Owner of need to fill & seal ?									
Neat cement grout			Surface 42 37 S			Filled & Sealed Well(s) as needed?									
13. Constructor / Supervisory Driller															
JVG			Lic #			Date Signed 08-31-2004									
Drill Rig Operator			Lic or Reg #			Date Signed									
SIVG						08-31-2004									

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		14	Collector Sewer - San or Storm		54

Comment:

Created On: 09-07-2004

Updated On: 11-02-2004

Review Status: APPROVED