

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				UE245		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																											
Property Owner LIMMET, RICHARD						Phone #		1. Well Location				Fire # (if avail.)																									
Mailing Address 6734 LOWER WYOMING RD								Town of WYOMING				N/A																									
City SPRING GREEN						State WI		Zip Code 53588				Street Address or Road Name and Number																									
County Iowa						Co. Permit #		Notification # 30207531				Completed 08-15-2008																									
Subdivision Name						Lot #		Block #				HWY CO RD C																									
Well Constructor (Business Name) WATERMAKER WELL DRILLING						Lic. # 6911		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD)																									
Address & WATER SYSTEMS LLC SPRING GREEN WI 53588						Well Plan Approval #		°N °W				Method Code																									
Hicap Permanent Well #						Common Well #		Specific Capacity				NW NW Section Township Range or Govt Lot # 21 8 N 3 E																									
3. Well serves 1 # of CABIN Private, potable Heat Exchange ___ # of drillholes						Hicap Well ? No Hicap Property ? No Hicap Potable ?		2. Well Type Replacement of previous unique well # constructed in Reason for replaced or reconstructed well ? OLD POINT WAS FAILING Construction Type Driven Point				Approval Date (mm-dd-yyyy)																									
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																																					
7 ft. below ground surface																																					
10. Pump Test																																					
Pumping level ___ ft. below surface Pumping at ___ GP for ___ Hrs. Pumping Method ?																																					
11. Well Is																																					
96 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 09-20-2008																																					
Drill Rig Operator Lic or Reg # Date Signed																																					

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang	>	10	Shoreline/Pool	>	100

Comment: PIPE IS 8' ABOVE GRADE TO BE ABOVE BENCHMARK

Created On: 10-30-2008

Updated On: 11-04-2008

Review Status: