Well Construction Report
WISCONSIN UNIQUE WELL NUMBER UE560

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

Form 3300-077A

Property Owner: MERLET, MARK			Phone #: (715)325-5565
Mailing Address: 1114 IVAN HOE CT			
City: NEKOOSA	State: WI	Zip Code: 54457	
County: Adams	Co. Permit #:	Notification #: 31046813	Completed: 10-14-2008

1. Well Location

Town of ROME

Fire # (if avail.):

Street Address or Road Name and Number: 1114 IVAN HOE CT

Subdivision Name: | Lot #: | Block #:

Well Constructor (Business Name): C & H SPRINKLERS & LANDSCAPING	Lic. #:	Facility ID # (Public Wells):	Latitude / Longitude in Decimal Degree (DD): 44.2059 °N -89.7966 °W
		Well Plan Approval #:	Method Code: GCD013
Address: 1230 MONROE ST WISCONSIN RAPIDS WI 54494		Approval Date (mm-dd-yyyy):	SW NW or Govt Lot #: / Section: 16 / Township: 20 N / Range: 6 E
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

3. Well serves # of LAWN IRRIGATION

Private, non-potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	25

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

8. Geology

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	GALV. .154	Surface	21
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	SLOTTED, ST. STEEL 10 SLOT	21	25

9. Static Water Level

15 ft. below ground surface

10. Pump Test

Pumping level 15 ft. below surface

Pumping at 18 GP M for 1 Hrs.

Pumping Method ?

11. Well Is

16 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? Yes

N/A

13. Constructor / Supervisory Driller	Lic #	Date Signed
CW		10-25-2008
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		4	Shoreline/Pool		91
Downspout/Yard Hydrant		19	Septic or Holding, or POWTS Tank		65

Comment:

Created On: 10-27-2009 Updated On: 05-04-2020 Review Status: