Well Construction Report
WISCONSIN UNIQUE WELL NUMBER UG670

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

Form 3300-077A

Property Owner: HARKNESS, MICHELLE			Phone #
Mailing Address: 1236 CAMP AVE			
City: ROCKFORD	State: IL	Zip Code: 61103	
County: Juneau	Co. Permit #:	Notification #: 35396750	Completed: 12-08-2009
Well Constructor (Business Name): STEPHEN LANGE	Lic. #: 4553	Facility ID # (Public Wells):	
Address: LANGE PLUMBING, NEW LISBON WI 53950		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

1. Well Location

Town of ARMENIA				Fire # (if avail.): W6309
Street Address or Road Name and Number: 8TH AVE ST				
Subdivision Name:		Lot #:		Block #:
Latitude / Longitude in Decimal Degree (DD): 44.15435 °N -90.08783 °W				Method Code: GPS008
NW or Govt Lot #:	NW	Section: 1	Township: 19 N	Range: 3 E

2. Well Type Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?:

Construction Type: Driven Point

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

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	

6. Casing, Liner, Screen Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	GAL STEEL	Surface	28
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	SLOT #7	28	31

7. Grout or Other Sealing Material

Method

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

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
-	-	S	-	SAND	Surface	31

9. Static Water Level

11 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at 8 GP for 1 Hrs.

Pumping Method ?

11. Well Is

12 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
JM		12-07-2009
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

4a. Potential Contamination Sources Is the well located in floodplain ?

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Drain - Sanitary	>	8	Downspout/Yard Hydrant	>	8
Building Overhang		8	Septic or Holding, or POWTS Tank	>	25

Comment:

Created On: 01-22-2010 Updated On: 01-22-2010 Review Status: