

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 #		1. Well Location				Fire # (if avail.)															
Mailing Address 1236 CAMP AVE						Town of ARMENIA						W6309															
City ROCKFORD						State IL		Zip Code 61103				Street Address or Road Name and Number															
County Juneau						Co. Permit #		Notification # 35396750				Completed 12-08-2009															
Well Constructor (Business Name)						Lic. # 4553		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD)															
STEPHEN LANGE						Well Plan Approval #		44.15435 °N -90.08783 °W				Method Code GPS008															
Address LANGE PLUMBING NEW LISBON WI 53950						Approval Date (mm-dd-yyyy)		NW NW Section Township Range or Govt Lot # 1 19 N 3 E		2. Well Type Replacement																	
Hicap Permanent Well #						Common Well #		Specific Capacity				Reason for replaced or reconstructed well ?															
3. Well serves 1 # of						Hicap Well ? No		Construction Type Driven Point				Private, potable															
Heat Exchange ___ # of drillholes						Hicap Property ? No		Hicap Potable ?				of previous unique well # constructed in															
4. Potential Contamination Sources - ON REVERSE SIDE																											
5. Drillhole Dimensions and Construction Method																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Upper Enlarged Drillhole</td> <td style="width: 50%;">Lower Open Bedrock</td> </tr> <tr> <td colspan="2"> 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 </td> </tr> </table>												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													
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8. Geology																											
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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																											
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																											
7. Grout or Other Sealing Material																											
Method																											
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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: