Well Construction Report
WISCONSIN UNIQUE WELL NUMBER UV590

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: WASKO, STEVE		Phone #: (815)210-1763
Mailing Address: 3980 N DARIN RD		
City: MORRIS	State: IL	Zip Code: 60450

County	Co. Permit #	Notification #	Completed
Jackson		39081956	11-22-2010

Well Constructor (Business Name): GENE H MAURER	Lic. #: 296	Facility ID # (Public Wells)
Address: N7869 W SNOW CREEK RD BLACK RIVER FALLS WI 54615-9804		Well Plan Approval #
		Approval Date (mm-dd-yyyy)

Hicap Permanent Well #	Common Well #	Specific Capacity: 1.7

3. Well serves 1 # of CAMPSITE
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of MANCHESTER

Fire # (if avail.)

Street Address or Road Name and Number: CO RD O

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD): °N °W
Method Code

SE	NE	Section	Township	Range
or Govt Lot #		26	20 N	3 W

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	42

Upper Enlarged Drillhole — Lower Open Bedrock

- Rotary - Mud Circulation .....
- Yes — Rotary - Air ..... — No
- Rotary - Air & Foam .....
- Yes — Drill-Through Casing Hammer
- Reverse Rotary
- Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia
- Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
T Q I -	CAVING BROWN TOPSOIL	Surface	2
T Q S -	CAVING TAN SAND	2	42

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	BLACK STEEL 18.97 ASTM A53 WELDED IPSCO USA	Surface	37
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
5	SS TELESCOPE 10 SLOT	37	42

7. Grout or Other Sealing Material
Method

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

9. Static Water Level
18 ft. below ground surface

10. Pump Test
Pumping level 25 ft. below surface
Pumping at 12 GP for 1.5 Hrs.
Pumping Method ?

11. Well Is
20 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
GM		12-20-2010
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
MM		

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

Comment: NO BLDG OVERHANG, SEPTIC/SEWER, BLDG SEWER

Created On: 01-11-2011 Updated On: 02-15-2011 Review Status: