Well Construction Report
WISCONSIN UNIQUE WELL NUMBER VE676

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

Property Owner: WEGMAN, DONALD	Phone #: (608)323-7215
Mailing Address: N29488 RIVER VALLEY RD	
City: ARCADIA	State: WI — Zip Code: 54612

County	Co. Permit #	Notification #	Completed
Trempealeau	36594	36594646	04-01-2010

Well Constructor (Business Name): VIRGIL SCHAFFNER JR	Lic. #: 4644
Facility ID # (Public Wells)	
Well Plan Approval #	
Address: SCHAFFNERS PLBG & HTG FOUNTAIN CITY WI 54629-0128	Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well # — Specific Capacity

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of ARCADIA

Fire # (if avail.): N2948

Street Address or Road Name and Number: N29488 RIVER VALLEY RD

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)	Method Code
44.2681 °N -91.4696 °W	GCD013

NE SE or Govt Lot #	Section	Township	Range
	28	21 N	9 W

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

Reason for replaced or reconstructed well ?

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
1.25	Surface	30

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

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	GALVANIZED PIPE	Surface	30
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	36 INCH SS 60 G POINT	30	33

7. Grout or Other Sealing Material
Method

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

8. Geology

9. Static Water Level
16 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ 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?
WAS NONE

13. Constructor / Supervisory Driller	Lic #	Date Signed
VS		04-23-2010
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
Sewer - Building Sanitary		10	Septic or Holding, or POWTS Tank		27

Comment:

Created On: 05-21-2010 Updated On: 07-31-2019 Review Status: