

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				VX787		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A													
Property Owner FORT MCCOY - DEPT OF ARMY						Phone #		1. Well Location				Fire # (if avail.)											
Mailing Address 215 N 17TH STREET						Town of GREENFIELD																	
City OMAHA				State NE		Zip Code 68102																	
County Monroe		Co. Permit #		Notification #		Completed 08-30-2016		Subdivision Name NORTH POST				Lot #		Block #									
Well Constructor (Business Name) LAYNE CHRISTENSEN COMPANY				Lic. # 582		Facility ID # (Public Wells) 64203029				Method Code GPS008													
Address W229 N5005 DUPLAINVILLE PEWAUKEE WI 53072				Well Plan Approval # 20140314D		or Govt Lot #		Section 20		Township 18 N		Range 2 W											
				Approval Date (mm-dd-yyyy)		2. Well Type New Well YQ308 replaces this well of previous unique well # constructed in																	
Hicap Permanent Well #		Common Well #		Specific Capacity 9.8		Reason for replaced or reconstructed well ? test well for north post well no.30																	
3. Well serves # of Other than Municipal/Community Test Well				Hicap Well ? Yes		Construction Type Drilled																	
Heat Exchange # of drillholes				Hicap Property ? Yes																			
4. Potential Contamination Sources - ON REVERSE SIDE																							
5. Drillhole Dimensions and Construction Method														8. Geology									
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole				Lower Open Bedrock				Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...				From (ft.)		To (ft.)	
8		Surface		250		<u>No</u> Rotary - Mud Circulation <u>No</u> <u>Yes</u> Rotary - Air <u>No</u> <u>No</u> Rotary - Air & Foam <u>No</u> <u>No</u> Drill-Through Casing Hammer <u>No</u> Reverse Rotary <u>No</u> Cable-tool Bit ____ in. dia... <u>No</u> <u>No</u> Dual Rotary <u>No</u> <u>No</u> Temp. Outer Casing ____ in. dia <u>No</u> Removed? ____ depth ft. (If NO explain on back side)								- - S - Sand - - N - Sandstone						Surface 13 13 250			
6. Casing, Liner, Screen														9. Static Water Level				11. Well Is					
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		59 ft. below ground surface				24 in. above grade									
8		ASTMA A53 GRADE B				Surface		17		10. Pump Test Pumping level 100 ft. below surface Pumping at 402 GP M for 10 Hrs. Pumping Method ?				Developed ? Yes Disinfected ? Yes Capped ? Yes									
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)															
7. Grout or Other Sealing Material Method														12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?									
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement															
				Surface																			
														13. Constructor / Supervisory Driller Lic # Date Signed JG 01-19-2017 Drill Rig Operator Lic or Reg # Date Signed ED W									

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 01-26-2017

Updated On: 10-02-2017

Review Status: APPROVED