Well Construction Report
WISCONSIN UNIQUE WELL NUMBER WW024

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

Form 3300-077A

Property Owner: SAND CREEK, TOWN OF	Phone #
Mailing Address: PO BOX 93	
City: SAND CREEK	State: WI — Zip Code: 54765

County	Co. Permit #	Notification #	Completed
Dunn	6190	6883120501	09-13-2017

Well Constructor (Business Name): TOM GUSTUM	Lic. #: 4813
Facility ID # (Public Wells)	
Well Plan Approval #	
Address: GUSTUM SEPTIC SERVICE NEW AUBURN WI 54757-9326	Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well #
Specific Capacity	

3. Well serves 1 # of PARK BATHROOM
Non-community
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location

Town of SAND CREEK	Fire # (if avail.): E9271
Street Address or Road Name and Number: CO RD V	
Subdivision Name	Lot # / Block #

Latitude / Longitude in Decimal Degree (DD): 45.10014 °N -91.4117 °W — Method Code: GPS008

SE	SE	Section	Township	Range
or Govt Lot #		14	31 N	11 W

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

Reason for replaced or reconstructed well ?
PLUGGED SCREEN

Construction Type: Driven Point

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	SCH 40 STEEL	Surface	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	SS 10 SLOT	25	28

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	-		Surface	28

9. Static Water Level
6 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at 6 GP M for 1 Hrs.
Pumping Method ?

11. Well Is
10 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
TG		09-29-2017
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
Building Drain - Sanitary		10	Collector Sewer - San or Storm		60
Building Overhang		5	Shoreline/Pool		100
			Sewer - Building Sanitary		10

Comment:

Created On: 10-18-2017 Updated On: 10-18-2017 Review Status: