Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XE208

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

Form 3300-077A

Property Owner: NICEWANDER, SUE	Phone #: (715)869-0727
Mailing Address: 2841 ALGOMA ST	
City: STEVENS POINT	State: WI — Zip Code: 54481
County: Portage	Co. Permit #:
Notification #: 6808919701	Completed: 05-01-2017
Well Constructor (Business Name): PETER LASKOWSKI	Lic. #: 4789
Facility ID # (Public Wells):	
Well Plan Approval #:	
Address: CHETS PLBG & HTG INC STEVENS POINT WI 54481-5670	Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #:
Specific Capacity:	

1. Well Location

City of STEVENS POINT	Fire # (if avail.): 2841
Street Address or Road Name and Number: 2841 ALGOMA ST	
Subdivision Name:	Lot #: — Block #:
Latitude / Longitude in Decimal Degree (DD): 44.5202 °N -89.5585 °W	Method Code: GCD013

SW	NE	Section	Township	Range
or Govt Lot #		33	24 N	8 E

2. Well Type Replacement

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?

Construction Type: Driven Point

3. Well serves 1 # of LOT

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ?

Hicap Potable ?

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.)
2	STEEL	Surface	13
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	ST ST 10 SLOT	33	37

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	-	UNCONSOLIDATED FORMATION	Surface	37

9. Static Water Level

23 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

15 in. above grade

Developed ?

Disinfected ?

Capped ?

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
PL		06-15-2017
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		16	Building Overhang		21
			Sewer - Building Sanitary		30

Comment:

Created On: 07-17-2017 Updated On: 05-07-2020 Review Status: