

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				XE215		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																			
Property Owner KOTH, STEVE						Phone # (715)496-3336																							
Mailing Address 3860 CARDINAL DR						Town of PLOVER																							
City STEVENS POINT						State WI		Zip Code 54482																					
County		Co. Permit #		Notification #		Completed		Subdivision Name																					
Portage				6943601601		09-08-2017		Lot #		Block #																			
Well Constructor (Business Name)				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)																					
PETER LASKOWSKI				4789				44.48043 °N -89.51721 °W		Method Code GPS008																			
Address CHETS PLBG & HTG INC STEVENS POINT WI 54481-5670				Well Plan Approval #		NW NE		Section 14		Township 23 N																			
				Approval Date (mm-dd-yyyy)		Range 8 E																							
Hicap Permanent Well #		Common Well #		Specific Capacity		Reason for replaced or reconstructed well ?																							
						NO WATER																							
3. Well serves 1 # of				Hicap Well ? No		Construction Type Driven Point																							
Private, potable				Hicap Property ? No																									
Heat Exchange ___ # of drillholes				Hicap Potable ?																									
4. Potential Contamination Sources - ON REVERSE SIDE																													
5. Drillhole Dimensions and Construction Method																													
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6. Casing, Liner, Screen						Removed? ___ depth ft. (If NO explain on back side)			9. Static Water Level																				
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly		From (ft.) To (ft.)		14 ft. below ground surface			11. Well Is																				
2 STEEL				Surface 26		10. Pump Test			14 in. above grade																				
Dia. (in.)		Screen type, material & slot size		From (ft.) To (ft.)		Pumping level ___ ft. below surface			Developed ? Yes																				
2 ST ST 10 SLOT				26 29		Pumping at ___ GP for ___ Hrs.			Disinfected ? Yes																				
						Pumping Method ?			Capped ? Yes																				
7. Grout or Other Sealing Material																													
Method																													
Kind of Sealing Material				From (ft.) To (ft.)		# Sacks Cement		12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed? Yes																					
Surface																													
						13. Constructor / Supervisory Driller			Lic #		Date Signed																		
						SL					09-08-2017																		
						Drill Rig Operator			Lic or Reg #		Date Signed																		

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		60	Building Overhang		1
Building Drain - Sanitary		12	Sewer - Building Sanitary		28
			Septic or Holding, or POWTS Tank		35

Comment:

Created On: 10-09-2017

Updated On: 05-07-2020

Review Status: