Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XF889

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

Property Owner: PEANASKY, BETTY	Phone #: (715)570-0706
Mailing Address: 931 7TH ST	
City: PLOVER	State: WI — Zip Code: 54467
County: Portage	Co. Permit #:
Notification #: 51085159	Completed: 08-05-2014
Well Constructor (Business Name): STAY GREEN SPRINKLER SYS	Lic. #:
Facility ID # (Public Wells):	Well Plan Approval #:
Address: 5821 SPRUCE AVE WISCONSIN RAPIDS WI 54494	Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #:
Specific Capacity:	

1. Well Location

Village of PLOVER

Fire # (if avail.):

Street Address or Road Name and Number: 931 7TH ST

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)	Method Code
44.48343 °N -89.53922 °W	GPS008

SE	SW	Section	Township	Range
or Govt Lot #		10	23 N	8 E

2. Well Type New Well

of previous unique well #: constructed in

Reason for replaced or reconstructed well ?:

Construction Type: Driven Point

3. Well serves # of SPRINKLERS

Private, non-potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

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	
Removed? ____depth ft. (If NO explain on back side)	

8. Geology

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	GALV PIPE	Surface	27
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS POINT #10 SLOT	27	31.5

9. Static Water Level

17 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?:

11. Well Is

14 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
JK		11-20-2014
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Comment:

Created On: 01-05-2015 Updated On: 01-05-2015 Review Status: