Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XG102

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

Form 3300-077A

Property Owner: JAVOREK, JEAN			Phone #: (715)341-3450
Mailing Address: 3330 MIRAGE CIR			
City: PLOVER	State: WI	Zip Code: 54467	
County: Portage	Co. Permit #:	Notification #: 52297546	Completed: 07-28-2014

1. Well Location

Village of PLOVER

Fire # (if avail.)

Street Address or Road Name and Number: 3330 MIRAGE CIR

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
STAY GREEN SPRINKLER SYS		

Latitude / Longitude in Decimal Degree (DD): 44.45863 °N -89.55465 °W

Method Code: GPS008

Well Plan Approval #:

NW SE or Govt Lot #	Section	Township	Range
	21	23 N	8 E

Address: 5821 SPRUCE AVE
WISCONSIN RAPIDS WI 54494

Approval Date (mm-dd-yyyy):

2. Well Type New Well

of previous unique well #: constructed in

Hicap Permanent Well #	Common Well #	Specific Capacity

Reason for replaced or reconstructed well ?

3. Well serves # of SPRINKLERS

Private, non-potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

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	
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	38
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS POINT #10 SLOT	38	42.5

9. Static Water Level

26 ft. below ground surface

11. Well Is

14 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

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: 05-07-2020 Review Status: