Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XG103

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

Property Owner: WOLF, RICHARD	Phone #: (715)325-2883
Mailing Address: 362 HARTFORD CT	
City: NEKOOSA	State: WI — Zip Code: 54457
County: Adams	Co. Permit #:
Notification #: 51920793	Completed: 06-20-2014
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

Town of ROME			Fire # (if avail.):
Street Address or Road Name and Number: 362 HARTFORD CT			
Subdivision Name:	Lot #:	Block #:	
Latitude / Longitude in Decimal Degree (DD): 44.2033 °N -89.7625 °W			Method Code: GCD013
NW SE or Govt Lot #:	Section: 15	Township: 20 N	Range: 6 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	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS POINT #10 SLOT	25	29.5

7. Grout or Other Sealing Material

Method

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

9. Static Water Level
10 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

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: 05-04-2020 Review Status: