Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XG104

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

Form 3300-077A

Property Owner: HANSON, BRIAN	Phone #: (715)423-5329
Mailing Address: 1320 12TH ST S	
City: WISCONSIN RAPIDS	State: WI — Zip Code: 54494
County: Wood	Co. Permit #:
Notification #: 51085126	Completed: 06-21-2014

1. Well Location

City of WISCONSIN RAPIDS

Fire # (if avail.)

Street Address or Road Name and Number: 1320 12TH ST S

Subdivision Name | Lot # | Block #

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	

Latitude / Longitude in Decimal Degree (DD): 44.37967 °N -89.81272 °W — Method Code: GPS008

NW	NE	Section	Township	Range
or Govt Lot #		20	22 N	6 E

2. Well Type New Well

of previous unique well # constructed in

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	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS POINT #10 SLOT	25	29.5

9. Static Water Level

14 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: 05-05-2020 Review Status: