

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		1. Well Location				Fire # (if avail.)									
Mailing Address 1320 12TH ST S						City of WISCONSIN RAPIDS						Street Address or Road Name and Number 1320 12TH ST S									
City WISCONSIN RAPIDS				State WI		Zip Code 54494															
County Wood		Co. Permit #		Notification # 51085126		Completed 06-21-2014		Subdivision Name				Lot #		Block #							
Well Constructor (Business Name) STAY GREEN SPRINKLER SYS				Lic. #		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 44.37967 °N -89.81272 °W				Method Code GPS008							
Address 5821 SPRUCE AVE WISCONSIN RAPIDS WI 54494				Well Plan Approval #				NW NE		Section 20		Township 22 N		Range 6 E							
				Approval Date (mm-dd-yyyy)				or Govt Lot #		20		22 N		6 E							
Hicap Permanent Well #				Common Well #		Specific Capacity				2. Well Type New Well											
3. Well serves # of SPRINKLERS Private, non-potable Heat Exchange ___ # of drillholes				Hicap Well ? No				Reason for replaced or reconstructed well ? Construction Type Driven Point													
				Hicap Property ? No																	
				Hicap Potable ?																	
4. Potential Contamination Sources - ON REVERSE SIDE																					
5. Drillhole Dimensions and Construction Method												8. Geology									
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)																					
6. Casing, Liner, Screen												9. Static Water Level				11. Well Is					
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		14 ft. below ground surface				14 in. above grade							
2		GALV PIPE				Surface		25		Pumping level ___ ft. below surface				Developed ? Yes Disinfected ? Yes Capped ? Yes							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping at ___ GP for ___ Hrs.											
2		STAINLESS POINT #10 SLOT				25		29.5		Pumping Method ?											
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?									
Method																					
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement													
Surface				Surface		Surface		Surface		13. Constructor / Supervisory Driller											
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4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 01-05-2015

Updated On: 05-05-2020

Review Status: