Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XN683

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

Property Owner	DICKMANN, ROBERT
Phone #	(262)707-4737
Mailing Address	3259 HWY O
City	SAUKVILLE
State	WI
Zip Code	53080
County	Oconto
Co. Permit #	
Notification #	6584987501
Completed	10-04-2016
Well Constructor (Business Name)	KENNETH DAMA
Lic. #	3161
Facility ID # (Public Wells)	
Address	716 MAIN AVE CRIVITZ WI 54114-7633
Well Plan Approval #	
Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	
Common Well #	
Specific Capacity	

1. Well Location

Town of BRAZEAU	Fire # (if avail.) 13192
Street Address or Road Name and Number	N WHITE POTATO LAKE RD
Subdivision Name	
Lot #	
Block #	
Latitude / Longitude in Decimal Degree (DD)	45.15285 °N -88.21372 °W
Method Code	GPS008

NW	NE	Section	Township	Range
or Govt Lot #	24	23	31 N	18 E

2. Well Type Replacement

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

HOLE IN POINT

Construction Type Driven Point

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

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	GALVANIZED STEEL PIPE	Surface	44
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	60 GA	44	47

7. Grout or Other Sealing Material

Method

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

9. Static Water Level

5 ft. below ground surface

10. Pump Test

Pumping level 5 ft. below surface

Pumping at 5 GP M for 1 Hrs.

Pumping Method ?

11. Well Is

19 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
KD		10-04-2016
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Drain - Sanitary		20	Shoreline/Pool		40
Building Overhang		4	Sewer - Building Sanitary		15

Comment:

Created On: 10-18-2017 Updated On: 11-15-2019 Review Status: