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:	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?

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

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

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

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? 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: