Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XN688

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

Property Owner	VERSASKAS, MIKE
Phone #	(915)927-0912
Mailing Address	N11178 SCHLEIS RD
City	WAUSAUKEE
State	WI
Zip Code	54177
County	Marinette
Co. Permit #	
Notification #	6668674001
Completed	11-29-2016
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	0.2

1. Well Location

Town of WAUSAUKEE	Fire # (if avail.) N11178
Street Address or Road Name and Number	SCHLEIS RD
Subdivision Name	
Lot #	
Block #	
Latitude / Longitude in Decimal Degree (DD)	45.3629 °N -87.9266 °W
Method Code	GCD013
NW NE or Govt Lot #	
Section	6
Township	33 N
Range	21 E

2. Well Type Replacement
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
NON COMPLIANT
Construction Type Driven Point

3. Well serves 1 # of
Private,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	GALVANIZED	Surface	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	GALVANIZED, STAINLESS STEEL 80 GA	25	28

9. Static Water Level
6 ft. below ground surface

10. Pump Test
Pumping level 28 ft. below surface
Pumping at 5 GP M for 1 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? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
KD		11-29-2016
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
POWTS dispersal component (soil absorption unit or mound)		52	Downspout/Yard Hydrant		22
Building Drain - Sanitary		15	Foundation Drain to Clearwater		3
Building Overhang		5	Wastewater Sump		14
Clearwater Sump		30	Sewer - Building Sanitary		15
			Septic or Holding, or POWTS Tank		25

Comment:

Created On: 09-12-2017 Updated On: 10-22-2019 Review Status: