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	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

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 or Govt Lot #	NE	Section	Township	Range
		6	33 N	21 E

2. Well Type Replacement
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
NON COMPLIANT

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	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
POWTS dispersal component (soil absorption unit or mound)		52
Building Drain - Sanitary		15
Building Overhang		5
Clearwater Sump		30

Type	Qualifier	Distance
Downspout/Yard Hydrant		22
Foundation Drain to Clearwater		3
Wastewater Sump		14
Sewer - Building Sanitary		15
Septic or Holding, or POWTS Tank		25

Comment:

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