Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XN689

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

Form 3300-077A

Property Owner: KASTENSHMIDT, GLEN	Phone #: (920)904-0979
Mailing Address: N4594 MEADOW RD	
City: BRANDON	State: WI — Zip Code: 53919
County: Marinette	Co. Permit #:
Notification #: 6720519001	Completed: 02-28-2017
Well Constructor (Business Name): KENNETH DAMA	Lic. #: 3161
Facility ID # (Public Wells):	
Well Plan Approval #:	
Address: 716 MAIN AVE, CRIVITZ WI 54114-7633	
Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:
Specific Capacity: 0.3	

1. Well Location

Town of WAUSAUKEE				Fire # (if avail.): W5589
Street Address or Road Name and Number: PINES LN				
Subdivision Name:		Lot #:		Block #:
Latitude / Longitude in Decimal Degree (DD): 45.2667 °N -87.8769 °W				Method Code: GCD013
SW or Govt Lot #: 2	SW: 3	Section: 3	Township: 32 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 PIPE	Surface	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS STEEL, GALVANIZED, 60 GAUZE	25	28

9. Static Water Level

5 ft. below ground surface

10. Pump Test

Pumping level 28 ft. below surface

Pumping at 6.6 GP M for 1 Hrs.

Pumping Method ?

11. Well Is

12 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		02-28-2017
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		120
Building Overhang		4	Sewer - Building Sanitary		35
			Septic or Holding, or POWTS Tank		45

Comment:

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