

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				XP432		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A												
Property Owner MAHONEY, MICHAEL						Phone #		1. Well Location				Fire # (if avail.)										
Mailing Address S67 W14596 GAUKE CT								Town of ROME				423										
City MUSKEGO						State WI		Zip Code 53150														
County Adams		Co. Permit #		Notification # 57281868		Completed 12-01-2015		Subdivision Name				Lot # 19										
								Block #														
Well Constructor (Business Name)				Lic. # 7257		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD)												
QUINNELL'S QUALITY SEPTICS INC										44.1948 °N -89.81073 °W												
Address 1852 HWY Z ARKDALE WI 54613				Well Plan Approval #		SE NW		Section 20		Township 20 N		Range 6 E										
				Approval Date (mm-dd-yyyy)		or Govt Lot #																
Hicap Permanent Well #				Common Well #		Specific Capacity				2. Well Type New Well												
										of previous unique well # constructed in												
										Reason for replaced or reconstructed well ?												
3. Well serves 1 # of				Hicap Well ? No																		
Private, potable				Hicap Property ? No																		
Heat Exchange ___ # of drillholes				Hicap Potable ?						Construction Type Jetted												
4. Potential Contamination Sources - ON REVERSE SIDE																						
5. Drillhole Dimensions and Construction Method														8. Geology								
Dia. (in.)			From (ft.)			To (ft.)			Upper Enlarged Drillhole			Lower Open Bedrock			Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)	
2			Surface			48									- - S -		SAND		Surface		42	
1.25			48			52									- N S -		FINE SAND		42		52	
									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)													
6. Casing, Liner, Screen														9. Static Water Level				11. Well Is				
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		32 ft. below ground surface				24 in. above grade								
2		WHITEWATER PITLESS				Surface		6		10. Pump Test				Developed ? No								
2		WHEATLAND ASTM A53A T & C				6		48		Pumping level ___ ft. below surface				Disinfected ? Yes								
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping at ___ GP for ___ Hrs.				Capped ? Yes								
1.25		CAMPBELL 80 GAUZE				48		52		Pumping Method ?												
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ?								
Method														Filled & Sealed Well(s) as needed?								
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		N/A												
SAND				Surface																		
														13. Constructor / Supervisory Driller				Lic #		Date Signed		
														CQ						12-02-2015		
														Drill Rig Operator				Lic or Reg #		Date Signed		

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		10	Wastewater Sump	>	50

Comment:

Created On: 12-22-2015

Updated On: 05-04-2020

Review Status: