

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				XP926		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner BOE, ANDY						Phone #		1. Well Location				Fire # (if avail.)									
Mailing Address 868 WALLEYE CT								Town of GARFIELD				868									
City AMERY						State WI		Zip Code 54001				Street Address or Road Name and Number 868 WALLEYE CT									
County Polk		Co. Permit #		Notification # 57131770		Completed 11-23-2015		Subdivision Name				Lot #		Block #							
Well Constructor (Business Name) LARRY C COX				Lic. # 5324		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) °N °W				Method Code									
Address MILLTOWN PUMP SERVICE MILLTOWN WI 54858				Well Plan Approval #		SE NW		Section 23		Township 33 N		Range 17 W									
Approval Date (mm-dd-yyyy)				Hicap Permanent Well #		Common Well #		Specific Capacity 10		2. Well Type Reconstruction											
Hicap Property ? No				Hicap Potable ?		Reason for replaced or reconstructed well ? PLUGGED WELL TO SEWER LINE															
Heat Exchange ___ # of drillholes				Construction Type Driven Point																	
4. Potential Contamination Sources - ON REVERSE SIDE																					
5. Drillhole Dimensions and Construction Method																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Upper Enlarged Drillhole 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 </td> <td style="width: 50%;"> Lower Open Bedrock </td> </tr> </table>														Upper Enlarged Drillhole 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	Lower Open Bedrock						
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8. Geology																					
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- - S -	SD	Surface	28																		
6. Casing, Liner, Screen																					
Removed? ___ depth ft. (If NO explain on back side)																					
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)													
1.25		STEEL-CODE				Surface		25													
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)													
1.25		COMPBELL SS 60 GU				25		28													
7. Grout or Other Sealing Material																					
Method																					
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement													
BENTONITE				Surface		20		1 S													
9. Static Water Level																					
14 ft. below ground surface																					
10. Pump Test																					
Pumping level 14 ft. below surface																					
Pumping at 10 GP M for 2 Hrs.																					
Pumping Method ?																					
11. Well Is																					
12 in. above grade																					
Developed ? Yes																					
Disinfected ? Yes																					
Capped ? Yes																					
12. Notified Owner of need to fill & seal ?																					
Filled & Sealed Well(s) as needed? No																					
13. Constructor / Supervisory Driller																					
LCC				Lic #		Date Signed															
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 Drain - Sanitary		10	Shoreline/Pool		50
Collector Sewer - San or Storm		60	Sewer - Building Sanitary		25
			Septic or Holding, or POWTS Tank		25

Comment:

Created On: 06-15-2016

Updated On: 02-09-2023

Review Status: