Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XQ125

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

Form 3300-077A

Property Owner: BECKER, ED			Phone #
Mailing Address: 480 ORISKAUF CT			
City: OSPREY	State: FL	Zip Code: 34229	
County: Juneau	Co. Permit #:	Notification #: 6900402701	Completed: 07-25-2017

Well Constructor (Business Name): FRANK E KRANZ	Lic. #: 4071	Facility ID # (Public Wells):	
Address: W5528 49TH ST MAUSTON WI 53948		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?

1. Well Location
Town of GERMAN TOWN
Fire # (if avail.): N7141
Street Address or Road Name and Number: BIRCH TRL

Subdivision Name: LITTLE PINES	Lot #:	Block #:

Latitude / Longitude in Decimal Degree (DD): 43.9003 °N -90.032 °W				Method Code: GPS008
NW SW or Govt Lot #:	Section: 33	Township: 17 N	Range: 4 E	

2. Well Type New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
PLUGGED SCREEN
Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
1.25	Surface	26

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

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	GALVINIZED STEEL	Surface	26
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	SS. 10 SLOT	26	29

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface		

8. Geology

9. Static Water Level
6 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

11. Well Is
13 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
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)		51	Septic or Holding, or POWTS Tank		26

Comment:

Created On: 08-29-2017 Updated On: 08-29-2017 Review Status: