Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XQ127

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

Form 3300-077A

Property Owner: GREFE, HENRY	Phone #
Mailing Address: 502 W STATE ST	
City: NEW LISBON	State: WI — Zip Code: 53950
County: Juneau	Co. Permit #: — Notification #: 7048058301 — Completed: 12-03-2017
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:

1. Well Location

Town of GERMAN TOWN				Fire # (if avail.): W5640
Street Address or Road Name and Number: W5640 CHEROKEE LN				
Subdivision Name: 53950			Lot #:	Block #:
Latitude / Longitude in Decimal Degree (DD): 43.92708 °N -90.0533 °W				Method Code: GPS008
NW / SW or Govt Lot #:	Section: 20	Township: 17 N	Range: 4 E	

2. Well Type Replacement
of previous unique well # — constructed in
Reason for replaced or reconstructed well ?: SCREW PLUGGED
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

Dia. (in.)	From (ft.)	To (ft.)
1.25	Surface	29

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.)
1.5		Surface	26
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	S.S. 7 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
7.6 ft. below ground surface

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

11. Well Is
24 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
FK		12-11-2017
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
POWTS dispersal component (soil absorption unit or mound)		55	Building Drain - Sanitary		12
			Septic or Holding, or POWTS Tank		29

Comment:

Created On: 03-07-2018 Updated On: 03-07-2018 Review Status: