

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				XR501		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner LEWIN, LEWY & LISA						Phone #		1. Well Location				Fire # (if avail.)							
Mailing Address 1018 HWY NN								Town of TRENTON											
City WEST BEND						State WI		Zip Code 53095											
County Washington		Co. Permit #		Notification # 6717560601		Completed 03-29-2016		Subdivision Name				Lot #		Block #					
Well Constructor (Business Name) JAMES H GROTH				Lic. # 4935		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 43.36812 °N -88.08623 °W				Method Code GPS008					
Address 9197 EDGE O'WOODS DR CEDARBURG WI 53012				Well Plan Approval #		SW SE Section Township Range or Govt Lot # 34 11 N 20 E				2. Well Type Replacement									
						Approval Date (mm-dd-yyyy)				of previous unique well # constructed in									
Hicap Permanent Well #		Common Well #		Specific Capacity 0.5		Reason for replaced or reconstructed well ? 5IN CASING X 34' IN LIMESTONE													
3. Well serves 1 # of				Hicap Well ? No		Construction Type Drilled													
Private, potable				Hicap Property ? No															
Heat Exchange ___ # of drillholes				Hicap Potable ?															
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.)			
8		Surface		68		<u>Yes</u> Rotary - Mud Circulation		<u>No</u>		- - C S		SANDY CLAY		Surface		11			
6		68		230		<u>No</u> Rotary - Air		<u>Yes</u>		- - Z S		SANDY CLAY W/STONES		11		22			
						Rotary - Air & Foam				- - L -		LIMESTONE		22		230			
						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.)		11 ft. below ground surface				12 in. above grade					
6		18.97 # ASTM A-53 EXLTUBE P.E.				Surface		68		10. Pump Test				Developed ? Yes					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 40 ft. below surface				Disinfected ? Yes					
										Pumping at 15 GP M for 1 Hrs.				Capped ? Yes					
										Pumping Method ?									
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ?							
Method PUMPED																			
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		Filled & Sealed Well(s) as needed? Yes									
NEAT CEMENT GROUT				Surface		68		12 S											
												13. Constructor / Supervisory Driller				Lic #		Date Signed	
												JG						03-31-2016	
												Drill Rig Operator				Lic or Reg #		Date Signed	

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		110	Building Overhang		15
Building Drain - Sanitary		25	Sewer - Building Sanitary		30
			Septic or Holding, or POWTS Tank		45

Comment:

Created On: 10-14-2016

Updated On: 07-08-2019

Review Status: