Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XU160

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

Form 3300-077A

Property Owner: MONTGOMERY, RUDY			Phone #
Mailing Address: E2682 MERCER RD			
City: SPRING GREEN	State: WI	Zip Code: 53588	
County: Sauk	Co. Permit #	Notification #: 55439985	Completed: 10-12-2016

1. Well Location

Town of SPRING GREEN

Fire # (if avail.): E2682

Street Address or Road Name and Number: E2682 MERCER RD

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
ROBERT J RODAMAKER	6664	

Latitude / Longitude in Decimal Degree (DD): 43.20652 °N -90.18322 °W

Method Code: GPS006

Well Plan Approval #:

NE	NW	Section	Township	Range
or Govt Lot #		31	9 N	3 E

Address: WATERMAKER WELL DRLG&WATR SYS LLC
ARENA WI 53503

Approval Date (mm-dd-yyyy):

2. Well Type New Well

of previous unique well # constructed in

Hicap Permanent Well #	Common Well #	Specific Capacity

Reason for replaced or reconstructed well ?

3. Well serves 1 # of GARDEN

Private, non-potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

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	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
- - S -	SAND	Surface	33

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.)
2	GALVANIZED SAWHILL T&C	Surface	25
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	JOHNSON STAINLESS 10 SLOT	25	33

9. Static Water Level

8 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

14 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
BR		03-27-2017
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)	>	80	Sewer - Building Sanitary	>	50
			Septic or Holding, or POWTS Tank	>	60

Comment:

Created On: 05-08-2017 Updated On: 05-08-2017 Review Status: