

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				XU171		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner WATERMAKER Phone #						1. Well Location				Fire # (if avail.)									
Mailing Address 8055 FORTIER RD						Town of ARENA				8055									
City ARENA State WI Zip Code 53503						Street Address or Road Name and Number 8055 FORTIER RD													
County Iowa		Co. Permit #		Notification # 6551339201		Completed 08-25-2016		Subdivision Name			Lot #	Block #							
Well Constructor (Business Name) ROBERT J RODAMAKER				Lic. # 6664	Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) 43.16868 °N -89.90098 °W			Method Code GPS006									
Address WATERMAKER WELL DRLG&WATR SYS LLC ARENA WI 53503				Well Plan Approval #		SE NE Section 16 Township 8 N Range 5 E or Govt Lot #	2. Well Type New Well of previous unique well # constructed in Reason for replaced or reconstructed well ? Construction Type Driven Point												
				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 ? No Hicap Property ? No Hicap Potable ?															
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%; vertical-align: top;"> 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%; vertical-align: top;"> 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 -	SAND	Surface	31																
6. Casing, Liner, Screen						Removed? ____ depth ft. (If NO explain on back side)			9. Static Water Level			11. Well Is							
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly			From (ft.)	To (ft.)	14 ft. below ground surface			12 in. above grade									
1.25		GALVANIZED SAWHILL T&C			Surface	27	10. Pump Test			Developed ? Yes									
Dia. (in.)		Screen type, material & slot size			From (ft.)	To (ft.)	Pumping level ____ ft. below surface			Disinfected ? Yes									
1.25		JOHNSON STAINLESS 10 SLOT			27	31	Pumping at ____ GP for ____ Hrs.			Capped ? Yes									
7. Grout or Other Sealing Material						12. Notified Owner of need to fill & seal ?													
Method						Filled & Sealed Well(s) as needed? NONE													
Kind of Sealing Material		From (ft.)	To (ft.)	# Sacks Cement															
		Surface																	
						13. Constructor / Supervisory Driller			Lic #	Date Signed									
						BR				10-02-2016									
						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)	>	70	Sewer - Building Sanitary	>	30
Building Drain - Sanitary		30	Septic or Holding, or POWTS Tank	>	40

Comment:

Created On: 11-14-2016

Updated On: 01-27-2020

Review Status: