

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				YF660		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A	
Property Owner MACKENZIE, MARK				Phone # (608)424-1581		1. Well Location				Fire # (if avail.)	
Mailing Address 1017 OBSERVATORY HILL RD						Town of BELLEVILLE				1017	
City BELLEVILLE				State WI		Zip Code 53508				Street Address or Road Name and Number 1017 OBSERVATORY HILL RD	
County Dane		Co. Permit # 31288		Notification # 41771647		Completed 09-21-2011		Subdivision Name		Lot # Block #	
Well Constructor (Business Name) GOVERT WELL & PUMP INC				Lic. # 658		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) °N °W		Method Code	
Address 5234 N CO RD F JANESVILLE WI 53545				Well Plan Approval #		NW SW Section Township Range or Govt Lot # 16 5 N 8 E		2. Well Type New Well			
Hicap Permanent Well #				Common Well #		Specific Capacity 0.8		Reason for replaced or reconstructed well ?			
3. Well serves 1 # of HOMES				Hicap Well ? No		Private, potable		Hicap Property ? No		Construction Type Drilled	
Heat Exchange ___ # of drillholes				Hicap Potable ?							
4. Potential Contamination Sources - ON REVERSE SIDE											
5. Drillhole Dimensions and Construction Method											
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		8. Geology	
8.8		Surface		42		No Rotary - Mud Circulation		No		Geology Codes Type, Caving/Noncaving, Color, Hardness, etc... From (ft.) To (ft.)	
6		42		103		No Rotary - Air		No		- - I - Soil-Organic Surface 6	
						Yes Rotary - Air & Foam		Yes		I - N - White, Sandstone 6 18	
						No Drill-Through Casing Hammer				T - N - Tan/Brown, Sandstone 18 26	
						No Reverse Rotary				R - N - Red, Sandstone 26 103	
						No Cable-tool Bit ___ in. dia...		No			
						No Dual Rotary		No			
						Yes Temp. Outer Casing 12in. dia					
						Yes Removed? 6depth ft. (If NO explain on back side)					
6. Casing, Liner, Screen											
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level	
6		TMK IPSCO ASTM A53 ASME 6.625 .280 WELDED ENDS NEW				Surface		42		40 ft. below ground surface	
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		11. Well Is	
										12 in. above grade	
7. Grout or Other Sealing Material											
Method Tremie Pipe - Pumped											
Kind of Sealing Material		From (ft.)		To (ft.)		# Sacks Cement		10. Pump Test			
Neat cement grout		Surface		42		12 S		Developed ? Yes Disinfected ? Yes Capped ? Yes			
12. Notified Owner of need to fill & seal ?											
Filled & Sealed Well(s) as needed? No WELL SUPPLIES HOUSE											
13. Constructor / Supervisory Driller											
M.G.		Lic #		Date Signed							
Drill Rig Operator		Lic or Reg #		Date Signed							
A.B.				09-22-2011							

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment: REC'D CORRECTION FORM FROM OWNER AFTER SENDING WUWN LABELS. STATES TOWN OF MONTROSE.

Created On: 09-23-2011

Updated On: 01-04-2012

Review Status: APPROVED