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
Mailing Address: 1017 OBSERVATORY HILL RD	
City: BELLEVILLE	State: WI Zip Code: 53508

County	Co. Permit #	Notification #	Completed
Dane	31288	41771647	09-21-2011

Well Constructor (Business Name): GOVERT WELL & PUMP INC	Lic #: 658
Address: 5234 N CO RD F JANESVILLE WI 53545	

Facility ID # (Public Wells):
Well Plan Approval #:
Approval Date (mm-dd-yyyy):

Hicap Permanent Well #	Common Well #
Specific Capacity: 0.8	

3. Well serves 1 # of HOMES
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location

Town of BELLEVILLE

Fire # (if avail.): 1017

Street Address or Road Name and Number: 1017 OBSERVATORY HILL RD

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD): °N °W
Method Code:

NW SW or Govt Lot #	Section	Township	Range
	16	5 N	8 E

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
8.8	Surface	42
6	42	103

Upper Enlarged Drillhole		Lower Open Bedrock
No	Rotary - Mud Circulation	No
No	Rotary - Air	No
Yes	Rotary - Air & Foam	Yes
No	Drill-Through Casing Hammer	
No	Reverse Rotary	
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)	

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
-	-	I	-	Soil-Organic	Surface	6
I	-	N	-	White, Sandstone	6	18
T	-	N	-	Tan/Brown, Sandstone	18	26
R	-	N	-	Red, Sandstone	26	103

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	TMK IPSCO ASTM A53 ASME 6.625 .280 WELDED ENDS NEW	Surface	42
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
40 ft. below ground surface

10. Pump Test
Pumping level 80 ft. below surface
Pumping at 30 GP M for 2 Hrs.
Pumping Method ?

11. Well Is
12 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

7. Grout or Other Sealing Material

Method Tremie Pipe - Pumped

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
Neat cement grout	Surface	42	12 S

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No
WELL SUPPLIES HOUSE

13. Constructor / Supervisory Driller	Lic #	Date Signed
M.G.		09-22-2011
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