

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				YV008		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner REABE SPRAYING SERVICE						Phone # (715)341-9393		1. Well Location				Fire # (if avail.)									
Mailing Address PO BOX 935						Town of PLOVER						5498									
City PLOVER						State WI		Zip Code 54467				Street Address or Road Name and Number TAFT AVE									
County		Co. Permit #		Notification #		Completed		Subdivision Name				Lot #		Block #							
Portage				7423492001		10-17-2018															
Well Constructor (Business Name) SOIK R J PLBG & HTG INC				Lic. # 2868		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 44.4203 °N -89.5497 °W				Method Code GPS008							
Address PO BOX 265 1512 WATER ST STEVENS POINT WI 54481-0265				Well Plan Approval #				SE NE		Section 4		Township 22 N		Range 8 E							
				Approval Date (mm-dd-yyyy)				or Govt Lot #													
Hicap Permanent Well #				Common Well #		Specific Capacity 5				2. Well Type New Well				of previous unique well #		constructed in					
Reason for replaced or reconstructed well ?																					
3. Well serves 1 # of OFFICE AND SHOP Non-community Heat Exchange ___ # of drillholes				Hicap Well ? No Hicap Property ? No Hicap Potable ? No		Construction Type Drilled															
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.)	
6		Surface		30		<u>No</u> Rotary - Mud Circulation <u>No</u> <u>No</u> Rotary - Air <u>No</u> <u>No</u> Rotary - Air & Foam <u>No</u> <u>No</u> Drill-Through Casing Hammer <u>No</u> Reverse Rotary <u>No</u> Cable-tool Bit ___ in. dia... <u>No</u> <u>No</u> Dual Rotary <u>No</u> <u>No</u> Temp. Outer Casing ___ in. dia <u>No</u> Removed? ___ depth ft. (If NO explain on back side)								T V Y C		T-TAN/BROWN V-NON-CAVING Y-SAND & GRAVEL C-CLAYEY		Surface		15	
														T Q Y		T-TAN/BROWN Q-CAVING Y-SAND & GRAVEL		15		30	
6. Casing, Liner, Screen														9. Static Water Level				11. Well Is			
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9 ft. below ground surface				15 in. above grade							
6		STEEL A53B 18.97 IPSCO WELD				Surface		26		10. Pump Test				Developed ? Yes Disinfected ? Yes Capped ? Yes							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 12 ft. below surface Pumping at 15 GP M for 1 Hrs. Pumping Method ? Test Pump											
6		12 SLOT STAINLESS STEEL TELESCOPING				26		30													
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ? No							
Method		MOUNDED																			
Kind of Sealing Material		From (ft.)		To (ft.)		# Sacks Cement								Filled & Sealed Well(s) as needed? No							
GRANULAR BENTONITE		Surface		26		1 S															
														13. Constructor / Supervisory Driller				Lic #		Date Signed	
														WS				480		10-17-2018	
														Drill Rig Operator				Lic or Reg #		Date Signed	
														LM				7416		10-17-2018	

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 07-01-2019

Updated On: 07-03-2019

Review Status: APPROVED