# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* YZ042

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

Form 3300-077A

| | |
|---|---|
| Property Owner: BORNTRAGER, FELTY | Phone # |
| Mailing Address: N13994 CTY RD G | |
| City: OSSEO | State: WI — Zip Code: 54758 |
| County: Jackson | Co. Permit #: — Notification #: 7088546501 — Completed: 03-12-2018 |
| Well Constructor (Business Name): DONALD S FEDIE | Lic. #: 127 — Facility ID # (Public Wells): |
| Address: FEDIE WELL DRILLING & PUMP SERVICE INC, MONDOVI WI 54755-7729 | Well Plan Approval #: — Approval Date (mm-dd-yyyy): |
| Hicap Permanent Well #: — Common Well #: — Specific Capacity: 1 | |

**1. Well Location**

| | |
|---|---|
| Town of GARFIELD | Fire # (if avail.): N13994 |
| Street Address or Road Name and Number: CTY RD G | |
| Subdivision Name: — Lot #: — Block #: | |
| Latitude / Longitude in Decimal Degree (DD): 44.5784 °N -91.144 °W | Method Code: GPS008 |
| SW NW or Govt Lot #: — Section: 8 — Township: 24 N — Range: 6 W | |

**2. Well Type** New Well
of previous unique well # — constructed in
Reason for replaced or reconstructed well ?

Construction Type: Drilled

**3. Well serves** 1 # of POLE SHED
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ? No

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 10 | Surface | 30 |
| 6 | 30 | 150 |

| Upper Enlarged Drillhole | | Lower Open Bedrock |
|---|---|---|
| No | Rotary - Mud Circulation ..... | No |
| No | Rotary - Air ..... | No |
| No | Rotary - Air & Foam ..... | No |
| No | Drill-Through Casing Hammer | |
| No | Reverse Rotary | |
| Yes | Cable-tool Bit 10in. dia... | Yes |
| No | Dual Rotary ..... | No |
| No | Temp. Outer Casing ____in. dia | |
| No | Removed? ____depth ft. (If NO explain on back side) | |

**8. Geology**

| Geology Codes | | | | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|---|---|---|
| - | - | I | - | TOP SOIL | Surface | 2 |
| T | H | N | - | FIRM BROWN S.S. | 2 | 25 |
| G | H | N | C | FIRM GRAY S.S. WITH CLAY | 25 | 125 |
| G | H | N | - | FIRM GRAY S.S. | 125 | 150 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | T/C PIPE ASTM A53 GRB 19.45LBS FT WHEATLAND | Surface | 36 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**
70 ft. below ground surface

**10. Pump Test**
Pumping level 85 ft. below surface
Pumping at 15 GP M for 2 Hrs.
Pumping Method ?

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

**7. Grout or Other Sealing Material**
Method TREMME PIPE PUMPED

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| NEAT GROUT CEMENT | Surface | 30 | 16 S |

**12.** Notified Owner of need to fill & seal ? No
Filled & Sealed Well(s) as needed? No

| 13. Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| DF | | 03-20-2018 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | |

**4a. Potential Contamination Sources** Is the well located in floodplain ? No

Comment:

Created On: 05-07-2018 Updated On: 03-20-2019 Review Status: