# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* ZA685

**Drinking Water and Groundwater - DG/5**
**Department of Natural Resources, Box 7921**
**Madison WI 53707**
Form 3300-077A

| | |
|---|---|
| Property Owner: SIDDIQI, SAUL | Phone #: (630)930-8738 |
| Mailing Address: 1283 DERBY LN | |
| City: MUNDELEIN | State: IL — Zip Code: 60060 |
| County: Jackson | Co. Permit #: |
| Notification #: 8271968901 | Completed: 01-25-2021 |
| Well Constructor (Business Name): PELKE GLEN PLBG HTG & WELL DRLG INC | Lic. #: 131 |
| Facility ID # (Public Wells): | |
| Address: 835 RIVERSIDE AVE, MONDOVI WI 54755-1443 | |
| Well Plan Approval #: | |
| Approval Date (mm-dd-yyyy): | |
| Hicap Permanent Well #: | Common Well #: |
| Specific Capacity: 3 | |

**1. Well Location**

Town of GARFIELD

Fire # (if avail.):

Street Address or Road Name and Number: W5700 CO RD B OSSEO WI 54758

| Subdivision Name | Lot # | Block # |
|---|---|---|
| | | |

| Latitude / Longitude in Decimal Degree (DD) | Method Code |
|---|---|
| 44.5408 °N -91.1012 °W | GPS008 |

| SW SW or Govt Lot # | Section | Township | Range |
|---|---|---|---|
| | 22 | 24 N | 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 HOME

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 | 2 |
| 6 | 2 | 56 |

| 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 | |
| No | Cable-tool Bit 10in. dia... | No |
| 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 | | I-SOIL-ORGANIC | Surface | 2 |
| T | Q | S | | T-TAN/BROWN Q-CAVING S-SAND | 2 | 48 |
| T | Q | S | | T-TAN/BROWN Q-CAVING S-SAND | 48 | 56 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | BLACK CASING AF SEILEMNN CO INC | Surface | 52 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| 6 | JOHNSON 10 SLOT | 52 | 56 |

**7. Grout or Other Sealing Material**

Method MOUNDED

**9. Static Water Level**

16 ft. below ground surface

**10. Pump Test**

Pumping level 26 ft. below surface

Pumping at 30 GP M for 1.5 Hrs.

Pumping Method ? Test Pump

**11. Well Is**

24 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

**12.** Notified Owner of need to fill & seal ? No

Filled & Sealed Well(s) as needed? No

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| DP | 6343 | 01-26-2021 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | 6343 | 01-26-2021 |

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

| Type | Qualifier | Distance | Type | Qualifier | Distance |
|---|---|---|---|---|---|
| Lake, Stream, River or Pond (Including Storm Water Detention Basin) | | 75 | POWTS dispersal component (soil absorption unit or mound) | > | 100 |
| | | | Septic or Holding, or POWTS Tank | > | 80 |

Comment:

| Variance ID | Variance or Exception Type | Date | Reason |
|---|---|---|---|
| | Sample Submit Time | 01/25/2021 | DUE TO FROZEN GROUND WATER SAMPLE WILL BE TAKEN WHEN PRESSURE SYSTEM CAN BE INSTALLED |

Created On: 02-10-2021 Updated On: 07-01-2021 Review Status: APPROVED