

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ZJ832		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A							
Property Owner CAPSAY, ALAN						Phone # (715)617-1102		1. Well Location				Fire # (if avail.)					
Mailing Address 2035 SWAINSONS RUN						Town of WASHINGTON						1833					
City NAPLES						State FL		Zip Code 34105				Street Address or Road Name and Number SCATTERING RICE RD					
County Vilas		Co. Permit #		Notification # 8109906501		Completed 10-01-2020		Subdivision Name				Lot # Block #					
Well Constructor (Business Name) WRANIK THOMAS F WELL DRILLING INC				Lic. # 6031		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) 45.936 °N -89.183 °W				Method Code SCR002					
Address 620 W PINE ST BOX 1266 EAGLE RIVER WI 54521				Well Plan Approval #		SW NE Section Township Range or Govt Lot # 2 24 40 N 10 E		2. Well Type Replacement of previous unique well # constructed in Reason for replaced or reconstructed well ? LOCATION Construction Type Drilled									
				Approval Date (mm-dd-yyyy)													
Hicap Permanent Well #		Common Well #		Specific Capacity 1.7													
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.)		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)	
6		Surface		37		No Rotary - Mud Circulation		No		S F		S-SAND F-W/FILL		Surface		16	
						Yes Rotary - Air		No		S G		S-SAND G-W/GRAVEL/STONES		16		30	
						No Rotary - Air & Foam		No		Y		Y-SAND & GRAVEL		30		37	
						Yes Drill-Through Casing Hammer											
						No Reverse Rotary											
						No Cable-tool Bit ___ in. dia...		No									
						No Dual Rotary		No									
						No Temp. Outer Casing ___ in. dia											
						No Removed? ___ depth ft. (If NO explain on back side)											
6. Casing, Liner, Screen												9. Static Water Level				11. Well Is	
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		16 ft. below ground surface				12 in. above grade			
6		A53B WELDED WHEATLAND 18.97 LB SEC 40X20				Surface		34		10. Pump Test Pumping level 25 ft. below surface Pumping at 15 GP M for 2 Hrs. Pumping Method ? Test Pump				Developed ? Yes Disinfected ? Yes Capped ? Yes			
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)									
5		TEL JOHNSON SS #10				34		37									
7. Grout or Other Sealing Material Method												12. Notified Owner of need to fill & seal ? Yes Filled & Sealed Well(s) as needed? Yes					
13. Constructor / Supervisory Driller								Lic #		Date Signed							
TW								70		10-01-2020							
Drill Rig Operator								Lic or Reg #		Date Signed							
PN								7304		10-01-2020							

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 10-22-2020

Updated On: 11-10-2020

Review Status: APPROVED