Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ZK271

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

Form 3300-077A

Property Owner: DAUGHERTY, STEVE			Phone #: 715424333
Mailing Address: 2411 42ND ST NW			
City: WISCONSIN RAPIDS	State: WI	Zip Code: 54494	
County: Wood	Co. Permit #:	Notification #: 8014589701	Completed: 05-07-2020

Well Constructor (Business Name): ERON&GEE/HERMANS PLBG & HTG INC	Lic. #:	Facility ID # (Public Wells):
Address: 1111 ALTON ST WISCONSIN RAPIDS WI 54495		Well Plan Approval #: Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #:	Specific Capacity:

1. Well Location

Town of GRAND RAPIDS

Fire # (if avail.):

Street Address or Road Name and Number: 2411 42ND ST N

Subdivision Name:	Lot #:	Block #:

Latitude / Longitude in Decimal Degree (DD): 44.4092 °N -89.7734 °W

Method Code: GPS008

NW	NE	Section	Township	Range
or Govt Lot #		10	22 N	6 E

2. Well Type Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: ILLEGAL WELL

Construction Type: Driven Point

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.)
2	Surface	29

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 ____in. dia...	No
No	Dual Rotary	No
No	Temp. Outer Casing ____in. dia	

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	A-53 GALVANIZED	Surface	26
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	10 SLOT SS	26	29

7. Grout or Other Sealing Material

Method

8. Geology

9. Static Water Level

6 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

20 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ? Yes

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
JE	6177	05-28-2020
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)	>	50	Sewer - Building Sanitary	>	30
Building Drain - Sanitary	>	20	Septic or Holding, or POWTS Tank	>	50

Comment:

Created On: 08-26-2020 Updated On: 12-04-2020 Review Status: APPROVED