Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ZK274

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

Form 3300-077A

Property Owner: BRITTNACHER, ERIC			Phone #: (920)360-6367
Mailing Address: 3121 16TH ST S			
City: WISCONSIN RAPIDS	State: WI	Zip Code: 54494	
County: Wood	Co. Permit #:	Notification #: 8092092901	Completed: 07-31-2020

1. Well Location

City of WISCONSIN RAPIDS

Fire # (if avail.)

Street Address or Road Name and Number: 3121 16TH ST S

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
ERON&GEE/HERMANS PLBG & HTG INC	2900	

Address: 1111 ALTON ST
WISCONSIN RAPIDS WI 54495-3398

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Latitude / Longitude in Decimal Degree (DD): 44.3671 °N -89.8047 °W

Method Code: GPS008

SW	SW	Section	Township	Range
or Govt Lot #		21	22 N	6 E

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Hicap Permanent Well #	Common Well #	Specific Capacity

3. Well serves 1 # of LAWN SPRINKLER

Private, non-potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ? No

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
1.25	Surface	28

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.)
1.25	A53 GALVANIZED	Surface	25
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	10 SLOT SS	25	28

7. Grout or Other Sealing Material

Method

8. Geology

9. Static Water Level

8 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

15 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
JE	6177	08-04-2020
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
Building Drain - Sanitary	>	50	Sewer - Building Sanitary	>	50

Comment:

Created On: 09-16-2020 Updated On: 01-26-2021 Review Status: APPROVED