Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ZL430

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

Property Owner: MCCARVILLE, MIKE	Phone #: (813)309-8654
Mailing Address: 3721 HALF MOON CIRCLE	
City: DANBURY	State: WI — Zip Code: 54830
County: Burnett	Co. Permit #:
Notification #: 8807660501	Completed: 05-24-2022
Well Constructor (Business Name): JENNEMANS HARDWARE HANK INC	Lic. #: 704
Facility ID # (Public Wells):	
Address: PO BOX 10 SIREN WI 54872-0010	
Well Plan Approval #:	
Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:
Specific Capacity:	

1. Well Location

Town of JACKSON	Fire # (if avail.): 3721
Street Address or Road Name and Number: HALF MOON CIRCLE	
Subdivision Name:	Lot #: — Block #:
Latitude / Longitude in Decimal Degree (DD): 45.9485 °N -92.174 °W	Method Code: SCR002

NW	SW	Section	Township	Range
or Govt Lot #		13	40 N	15 W

2. Well Type Replacement
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
PLUGGED SANDPOINT
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	62

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	ASTM53, WHEATLAND USA, THREADED	Surface	59
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	80 GA, STAINLESS STEEL	59	62

7. Grout or Other Sealing Material
Method

8. Geology

9. Static Water Level
44 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

11. Well Is
12 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
MS	6630	07-19-2022
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		59

Type	Qualifier	Distance
Sewer - Building Sanitary		25
Septic or Holding, or POWTS Tank		38

Comment:

Created On: 04-14-2023 Updated On: 05-15-2023 Review Status: APPROVED