

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ZP971		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A			
Property Owner TEKIPPE, EARL & DAVID						Phone # (218)428-8442		1. Well Location				Fire # (if avail.) 9202	
Mailing Address 9202 E MOONSHINE RD PO BOX 1723						Town of AMNICON						Street Address or Road Name and Number E MOONSHINE RD	
City SUPERIOR			State WI		Zip Code 54880		Subdivision Name				Lot # Block #		
County Douglas		Co. Permit #		Notification # 8939932401		Completed 10-28-2022		Latitude / Longitude in Decimal Degree (DD) 46.6185 °N -91.8241 °W				Method Code GPS008	
Well Constructor (Business Name) HOLLY, WAYNE				Lic. # 7218		Facility ID # (Public Wells)		NW NW Section 25 Township 48 N Range 12 W or Govt Lot #		Well Plan Approval #			
Address WAYNE HOLLY WELL DRILLING 71385 HOOVER LINE IRON RIVER WI 54847				Approval Date (mm-dd-yyyy)		2. Well Type New Well of previous unique well # constructed in							
Hicap Permanent Well #		Common Well #		Specific Capacity 0		Reason for replaced or reconstructed well ?							
3. Well serves 1 # of HOME Private, potable Heat Exchange ___ # of drillholes				Hicap Well ? No Hicap Property ? No Hicap Potable ? No		Construction Type Drilled							
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				
9		Surface		42		Yes Rotary - Mud Circulation			No				
6		42		300		No Rotary - Air			Yes				
						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							
						No Removed? ___ depth ft. (If NO explain on back side)							
8. Geology													
Geology Codes			Type, Caving/Noncaving, Color, Hardness, etc...						From (ft.)		To (ft.)		
R C			R-RED C-CLAY						Surface		15		
R B P			R-RED B-BROKEN P-HARDPAN						15		25		
U B			U-BLUE B-BASALT OR TRAP ROCK						25		300		
6. Casing, Liner, Screen													
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)					
6		PLAIN END STEEL ASTM A53/ASME SA53 SCHED 40 EXLTUBE WELD				Surface		42					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)					
7. Grout or Other Sealing Material													
Method PUMP													
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement					
PORTLAND CEMENT				Surface		42		8 S					
9. Static Water Level 30 ft. below ground surface													
10. Pump Test Pumping level 280 ft. below surface Pumping at 0.5 GP M for 3 Hrs. Pumping Method ? Airlift													
11. Well Is 18 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					
WH						7218		10-28-2022					
Drill Rig Operator						Lic or Reg #		Date Signed					
DH						8983		10-28-2022					

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

Type	Qualifier	Distance
Septic or Holding, or POWTS Tank		55

Comment:

Created On: 12-05-2022

Updated On: 08-11-2023

Review Status: APPROVED