

Well Construction Report For WISCONSIN UNIQUE WELL NUMBER **CR 962**

State of Wisconsin
Department of Natural Resources
Private Water Supply - WS/2
Box 7921
Madison, WI 53707

AUG 29 1989

Property Owner Dwayne Gebken Telephone Number 608 293-5027
 Mailing Address 417 Oak Crest Ave.
 City Madison State Wj. Zip Code 53705
 County of Well Location Crawford County Well Location Permit No. W Well Completion Date 08 09 89
M M D D Y Y

1. Location (Please type or print using a black pen.)
 Town City Village Fire # (if available)
 of Clayton
 Grid or Street Address or Road Name and Number (if available)

Well Constructor (Business Name) Corpian Well Drilling Registration # 61
 Address 501 E. Oak
 City Boscobel State Wj. Zip Code 53805

2. Mark well location in correct 40-acre parcel of section.

 N
 W E
 S

Subdivision Name _____ Lot # _____ Block # _____
 Gov't Lot # _____ or SE 1/4 of SE 1/4 of Section 12; T 10 N; R 3 E W

3. Well Type New Replacement Reconstruction
 of unique well # _____ constructed in 19 _____
 Reason for new, replaced or reconstructed well?
Gardening
 Drilled Driven Point Jetted Other

4. Well serves 1 polished of homes and/or _____
 (ex: barn, restaurant, church, school, industry, etc.)
 High Capacity Well? Yes No
 High Capacity Property? Yes No

5. Well Located on Highest Point of Property, Consistent with the General Layout and Surroundings? Yes No If no, explain on back side.
 Well Located in Floodplain? Yes No
 Distance In Feet From Well To Nearest:
 1. Landfill _____
 2. Building Overhang 10'
 3. Septic or Holding Tank _____
 4. Sewage Absorption Unit _____
 5. Nonconforming Pit _____
 6. Buried Home Heating Oil Tank _____
 7. Buried Petroleum Tank _____
 8. Shoreline/Swimming Pool _____
 9. Downspout/Yard Hydrant _____
 10. Privy _____
 11. Foundation Drain to Clearwater _____
 12. Foundation Drain to Sewer _____
 13. Building Drain _____
 Cast Iron or Plastic Other
 14. Building Sewer Gravity Pressure
 Cast Iron or Plastic Other
 15. Collector or Street Sewer _____
 16. Clearwater Sump _____
 17. Wastewater Sump _____
 18. Paved Animal Barn Pen _____
 19. Animal Yard or Shelter _____
 20. Silo - Type _____
 21. Barn Gutter _____
 22. Manure Pipe Gravity Pressure
 Cast Iron or Plastic Other
 23. Other Manure Storage _____
 Other NR 112 Waste Source _____
 24. _____

6. Drillhole Dimensions			Method of constructing upper enlarged drillhole only.
Dia. (in.)	From (ft.)	To (ft.)	
10	surface	42	<input type="checkbox"/> 1. Rotary - Mud Circulation <input checked="" type="checkbox"/> 2. Rotary - Air <input type="checkbox"/> 3. Rotary - Foam <input type="checkbox"/> 4. Reverse Rotary <input type="checkbox"/> 5. Cable-tool Bit _____ in. dia. <input checked="" type="checkbox"/> 6. Temp. Outer Casing <u>10</u> in. dia. Removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____ <input type="checkbox"/> 7. Other _____
6	42	70	

DNR USE ONLY	9. Geology Type, Caving/Noncaving, Color, Hardness, Etc.	From	To
		(ft.)	(ft.)
I-	Dirt	surface	11
SH	Soft shale	11	29
GS	Gravel & sand	29	34
SH	soft shale	34	41
SH	Hard shale	41	70

7. Casing, Liner, Screen			
Dia. (in.)	Material, Weight, Specification Mfg. & Method of Assembly	From (ft.)	To (ft.)
6	New Black Steel Plain End ASTM A-53A #18-97 6x21.280 W KAO-Hsing Chang TAIWAN	surface	42

10. Static Water Level _____ ft. above ground level
26 ft. below ground surface
 11. Pump Test
 Pumping Level 38 ft. below surface
 Pumping at 10 GPM for 2 hours
 12. Well Is:
12 in. Above Grade Below
 Developed? Yes No
 Disinfected? Yes No
 Capped? Yes No

8. Grout or Other Sealing Material			
Method	Kind of Sealing Material	From (ft.)	To (ft.)
Tramee	Neat Cement	surface	42

13. Did you permanently seal all unused, noncomplying, or unsafe wells?
 Yes No If no, explain None
 14. Signature of Point Driver or Registered Driller Michael D. Bairdon MB Date Signed 8-28-89
 Signature of Drill Rig Operator Michael D. Bairdon MB Date Signed _____