

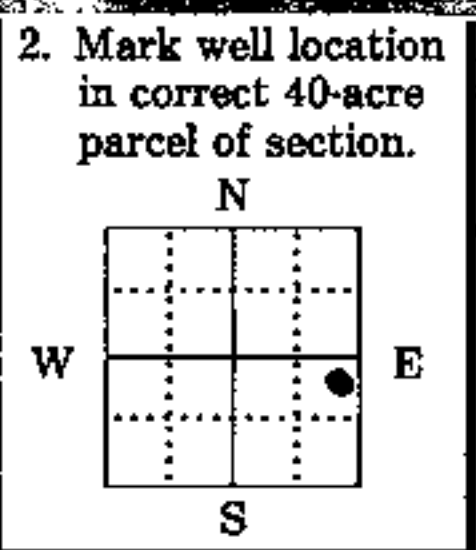
First Water Quality Test For
WISCONSIN UNIQUE WELL NUMBER AZ 848

JUL 19 1988 State of Wisconsin
 Department of Natural Resources
 Private Water Supply - WS/2
 Box 7921
 Madison, WI 53707

Property Owner Dick Wachter Telephone Number 1648 326-1633
 Mailing Address RR 1
 City Prarie du Chien State WI Zip Code 53821
 County Crawford County Well Location Permit No. W Well Completion Date 06/27/88
 M M P P Y Y

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

Well Constructor (Business Name) Corpian Well Drilling Registration # 75
 Address 501 E. Oak
 City Boscobel State WI Zip Code 53805



Subdivision Name _____ Lot # _____ Block # _____
 Gov't Lot # _____ or NE 1/4 of SE 1/4 of Section 29; T 7 N; R 6 E W

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

4. Well serves 1 # 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
 Well Located in Floodplain? Yes No
 Distance In Feet From Well To Nearest:
 1. Landfill 40
 2. Building Overhang 75
 3. Septic or Holding Tank 160
 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 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. (If applicable ✓ more than one.)
Dia. (in.)	From (ft.)	To (ft.)	
10	0 surface	229	<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 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	229	545	

9. Geology		From (ft.)	To (ft.)
Type, Caving/Noncaving, Color, Hardness, Etc.			
I	dirt	0	8
C	clay	8	26
FL	Limerock & gravel	26	78
UC	Blue Limerock	78	149
N	sandrock	149	177
FL	Limerock & gravel	177	219
L	Limerock	219	479
N	sandrock	479	545

7. Casing, Liner, Screen			
Dia. (in.)	Material, Weight, Specification Mfg. & Method of Assembly	From (ft.)	To (ft.)
6	New Black Steel Plain End	0	229
	CAC ASTM A-53-A		
	6x21 #1897		
Dia. (in.)	screen type and material	From	To

10. Static Water Level _____ ft. above ground level
413 ft. below ground surface
 11. Pump Test
 Pumping Level 492 ft. below surface
 Pumping at 7 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.)
	Neat Cement	0	229

13. Were all unused, noncomplying, or unsafe wells properly filled with sealant?
 Yes No If no, explain _____
 14. Signature of Well Constructor Michael D. Beinborn MDS Date Signed 7-17-88
 Signature of Drill Bit Operator Michael D. Beinborn MDS Date Signed 7-17-88

Make additional comments on reverse side about geology, etc.

WGNHS ORIGINAL