WELL CONSTRUCTOR'S REPORT FORM 3300-15

STATE OF WISCONSIN DEPARTMENT OF NATURAL RESOURCES Box 450 Madison, Wisconsin 53701

FORM 3300-15	JUN	53 1313	QUEEN CO	NOTE PY - DIVISION'S COP PY - DRILLER'S COP OPY - OWNER'S COP	PY Madi	T OF NATURAL RE Box 450 son, Wisconsin 5370		
1. COUNTY	1	CHE Town	CK ONE	Millon or	NAME	,		
2. LOCATION – ¼ Section S E	Section Town		Range	3. OWNER AT TIME	- I was the same of the same o	Char	·	
OR - Grid or street no. Street name				ADDRESS P 7				
AND -I f available subdivision name, lot & block no.				POST OFFICE Wind 546.21				
4. Distance in feet from wel	i to incorest.	/ C.	TARY SEWER	FLOOR DRAIN C. I. TILE SEWE	FOUNDATION DRAIN ER CONNECTED INDEPE		ATER DRAIN TILE	
(Record answer in appro		5 4	0			40	<u> </u>	
C. I. TILE	C TANK PRIVY SE	EPAGE PIT	ABSORPTION 17.	5 BARN	SILO ABANDONED W	VELL SINK HOLE		
OTHER POLLUTION SOURCE	<u> </u>	ch as dump, qu	arry, drainage	well, stream, pond, lak	e, etc.)		·····	
5. Well is intended to supply	water for:		L					
6. DRILLHOLE	Low	mtru	7-1-1	9. FORMATION:	S		· · ·	
Dia. (in.) From (ft.) To	o (ft.) Dia. (in.)	From (ft.)	To (ft.)	Kind		From (ft.)	To (ft.)	
/ Surface /	75 6	175	240		Clay	Surface	20	
				soft sa	ndston	e 20	140	
	nd Weight	From (ft.)	To (ft.)	hardel	meston	e 140	240	
6 poringe	eck stool	Surface	175					
				· · · · · · · · · · · · · · · ·				
						_		
8. GROUT OR OTHER SEA	ALING MATERIAL	<u></u>		10. TYPE OF DR	ILLING MACHINE U	ISED		
Kind	From (ft.)	To (ft.)			. —	Reverse Rotary		
Clay		Surface	20	Rotary — air w/drilling mud with drilling mud & air		ــــ لعند، ۹۰ است	Jetting with Air Water	
Cem	ent	20	175	Well construction	completed on 6 -	12-	19 <i>75</i>	
11. MISCELLANEOUS DATE	TA 3 Hrs. at		g_{GPM}	Well is terminated	/2 inches	above below	final grade	
Depth from surface to normal water level 180 ft.				Well disinfected upon completion Yes I No				
Depth to water level when pumping /82 ft.				Well sealed watertight upon completion Yes No				
Water sample sent to	mad	won	/		laboratory on: 6	-16 -	19 75	
Your opinion concerning oth type of casing joints, method be given on reverse side.								
SIGNATURE				COMPLETE MAIL A	ADDRESS Book	obel,		
Herrieth Co	ypian Re	gistered Well		R3 Box 8 te in space below	4 His	.,5380	05	
COLIFORM TEST RESULT	GA	AS – 24 HRS.			NFIRMED	REMARKS		