

**First Water Quality Test For WISCONSIN UNIQUE WELL NUMBER FQ 044**

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

OCT 19 1992

(Please type or print using a black pen.)

Property Owner Ed Myers Telephone Number ( )  
Mailing Address Box 95  
City Lynxville State WI Zip Code 54640  
County of Well Location Crawford Co. Well Permit No. W Well Completion Date (mm-dd-yy) 10-26-87

1. Well Location Please use decimals instead of fractions.  
 Town  City  Village Fire # (If avail.)  
of Eastman  
Grid or Street Address or Road Name and Number (If avail.)

Well Constructor (Business Name) 12 Dons Well Drilling License # 170  
Address 16189 Dutch Hill Rd  
City Boscobel State WI Zip Code 5380  
2. Mark well location with a dot in correct 40-acre parcel of section. N  
W  E  
S

Subdivision Name Lot # Block #  
Gov't Lot # SW 1/4 of NW 1/4 of Section 13, T 8 N; R 6  E  W

3. Well Type  New  
 Replacement  Reconstruction

of previous unique well # \_\_\_\_\_ constructed in 19 \_\_\_\_\_  
Reason for new, replaced or reconstructed well?

Drilled  Driven Point  Jetted  Other

4. Well serves 1 # of homes and or home  
(Ex: barn, restaurant, church, school, industry, etc.)  
High Capacity: Well?  Yes  No  
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 15'  
2. Building Overhang 35'  
3. Septic or Holding Tank (circle one) 60'  
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.	DNR USE ONLY	9. Geology	From To	
Dia. (in.)	From (ft.)	To (ft.)				Type, Caving/Noncaving, Color, Hardness, Etc.	(ft.)
10	surface	100	<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 _____ in. dia. Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain <input type="checkbox"/> 7. Other			Surface	
6	100	160		G	clay	0	12
				L	lime rock	12	80
				N	sand rock	80	160

7. Casing, Liner, Screen				DNR USE ONLY
Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)	
6	new black steel PE 18.97	surface	100	
	PSI-1200			
	A-120			
	valley steel pipe			

10. Static Water Level \_\_\_\_\_ ft. above ground surface  
110 ft. below ground surface  
11. Pump Test  
Pumping Level 112 ft. below surface  
Pumping at 7 GPM for 3 hours  
12. Well Is:  Above Grade  Below  
Developed?  Yes  No  
Disinfected?  Yes  No  
Capped?  Yes  No

8. Grout or Other Sealing Material  
Method \_\_\_\_\_ From (ft.) \_\_\_\_\_ To (ft.) \_\_\_\_\_ # Sacks Cement \_\_\_\_\_  
Kind of Sealing Material clay 8  
Cement 8 100 30  
13. Did you permanently seal all unused, noncomplying, or unsafe wells?  
 Yes  No If no, explain  
14. Signature of Point Driver or Licensed Supervisory Driller Date Signed  
Donald C. Kirschbaum DCK 10/15/92  
Signature of Drill-Rig Operator (Mandatory unless same as above) Date Signed  
Donald D. Kirschbaum DDB 10/15/92

Make additional comments on reverse side about geology, additional screens, water quality, etc.  
Comments on reverse side \_\_\_\_\_ (Check , if yes) \_\_\_\_\_  
DNR WELL CONSTRUCTION REPORT Form 3300-77A Rev. 1-92 188

WGNHS ORIGINAL