

**First Water Quality Test For
WISCONSIN UNIQUE WELL NUMBER BA 673**

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

JUL 25 1989

Property Owner: Susan Murray / Bob Ribbens Telephone Number: _____
Mailing Address: R.R. 2
City: Gays Mills WI. State: WI. Zip Code: 54631
County: Crawford County Well Location Permit No.: W Well Completion Date: 7/17/89

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

Well Constructor (Business Name): Corpin Well Drilling Inc. 75 Registration # _____
Address: 501 E. OAK ST.
City: Boscobel WI State: WI Zip Code: 53805

2. Mark well location in correct 40-acre parcel of section.
N
W E
S

Gov't Lot # _____ or SW 1/4 of SE 1/4 of Section 35, T 9 N, R 3 E W ???

3. Well Type New
 Replacement Reconstruction/Rehabilitation
of well constructed in 19 _____
Reason for new, reconstructed, replaced, or rehabilitated well?
used neighbors

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

Drilled Driven Point Jetted Other _____

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 10'
2. Building Overhang
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 with holding tank 75'
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	surface	63	<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	63	140	

9. Geology	Type, Caving/Noncaving, Color, Hardness, Etc.	From	To
		(ft.)	(ft.)
I-	loam	surface	11
SH-	soft shale	11	61
HH-	hard shale	61	121
DN-	white sandrock	121	140

7. Casing, Liner, Screen			
Dia. (in.)	Material, Weight, Specification Mfg. & Method of Assembly	From (ft.)	To (ft.)
6	New Black steel Plain End	surface	63
	ERW ASTM A53A #18.97 6x21		
	screen type and material		

10. Static Water Level _____ ft. above ground level
59 ft. below ground surface
11. Pump Test
Pumping Level 86 ft. below surface
Pumping at 7 GPM for 2 hours
12. Well Is:
20 in. Above Below Grade
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	63
			14

13. Were all unused, noncomplying, or unsafe wells properly filled with sealant?
 Yes No If no, explain None
14. Signature of Well Constructor: Michael D. Benlon MB Date Signed 7-23-89
Signature of Drill Rig Operator: Michael D. Benlon MB Date Signed 7-23-89