WELL CONSTRUCTOR'S REPORT FORM 3300-15

111L 1 - 1974

## NOTE

WHITE COPY - DIVISION'S COPY
GREEN COPY - DRILLER'S COPY
YELLOW COPY - OWNER'S COPY

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

YELLOW COPY - OWNER'S COPY 1. COUNTY CHECK ONE NAME Town Village City 2. LOCATION -3. OWNER AT TIME OF DRILLING ¼ Sect**ió** Township Section Range OR - Grid or street no. Street name ADDRESS AND -If available subdivision name, lot & block no. POST OFFICE BUILDING SANITARY SEWERIFLOOR DRAIN 4. Distance in feet from well to nearest: SEWER CONNECTED INDEPENDENT C. I. THE C. I. TILE C. I. TILE (Record answer in appropriate block) ABSORPTION FIELD CLEAR WATER DRAIN | SEPTIC TANK | PRIVY BARN ABANDONED WELL | SINK HOLE SEEPAGE PIT SILO C. I. TILE OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.) 5. Well is intended to supply water for: Trailer h 6. DRILLHOLE 9. FORMATIONS From (ft.) From (ft.) To (ft.) From (ft.) To (ft.) Dia. (in.) To (ft.) Dia. (in.) Kind Surface Surface 7. CASING, LINER, CURBING, AND SCREEN From (ft.) To (ft.) Kind and Weight Dia. (in.) Surface 16. TYPE OF DRILLING MACHINE USED 8. GROUT OR OTHER SEALING MATERIAL From (ft.) To (ft.) Kind Direct Rotary Reverse Rotary Cable Tool Surface X Rotary – hammer Jetting with Rotary - air with drilling mud & air w/drilling mud. Air Water 19 74 Well construction completed on 11. MISCELLANEOUS DATA above final grade inches Well is terminated **GPM** below Hrs. at Yield test: Well disinfected upon completion Depth from surface to normal water level Well sealed watertight upon completion Depth to water level when pumping laboratory on: 6 -2 6 Water sample sent to Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side. COMPLETE MAIL ADDRESS **SIGNATURE** Registered Well Driller Please do not write in space below CONFIRMED REMARKS COLIFORM TEST RESULT GAS - 48 HRS.GAS - 24 HRS.