

First Water Quality Test For WISCONSIN UNIQUE WELL NUMBER **FQ 042**

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 James Maxwell Telephone Number ()
Mailing Address 2308 Floyd Dr.
City Racine State WI Zip Code 53404
County of Well Location Crawford Co. Well Permit No. W Well Completion Date (mm-dd-yy) 7-18-86

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

Well Constructor (Business Name) Dons Well Drilling License # 170
Address 16189 Dutch Hill Rd
City Boscobel State WI Zip Code 53805
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 # or NW 1/4 of SW 1/4 of
Section 21, T 7 N; R 5 E W

3. Well Type New
 Replacement Reconstruction
of previous unique well # _____ constructed in 19 ____
Reason for new, replaced or reconstructed well?

4. Well serves 1 # of homes and or Trailer
(Ex: barn, restaurant, church, school, industry, etc.)
High Capacity: Well? Yes No
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 If no, explain on back side.

Well located in floodplain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. Downspout/Yard Hydrant	17. Wastewater Sump
Distance in Feet From Well To Nearest:	10. Privy	18. Paved Animal Barn Pen
1. Landfill	11. Foundation Drain to Clearwater	19. Animal Yard or Shelter
<u>20'</u> 2. Building Overhang	12. Foundation Drain to Sewer	20. Silo - Type _____
<u>40'</u> 3. Septic or Holding Tank (circle one)	13. Building Drain	21. Barn Gutter
<u>60'</u> 4. Sewage Absorption Unit	<input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other	22. Manure Pipe <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure
5. Nonconforming Pit	14. Building Sewer <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure	<input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other
6. Buried Home Heating Oil Tank	<input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other	23. Other Manure Storage _____
7. Buried Petroleum Tank	15. Collector or Street Sewer	Other NR 112 Waste Source _____
8. Shoreline/Swimming Pool	16. Clearwater Sump	24. _____

6. Drillhole Dimensions			Method of constructing upper enlarged drillhole only.
Dia. (in.)	From (ft.)	To (ft.)	
<u>10</u>	<u>surface</u>	<u>63</u>	<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 _____
<u>6</u>	<u>63</u>	<u>80</u>	

DNR USE ONLY	9. Geology Type, Caving/Noncaving, Color, Hardness, Etc.	From	To
		(ft.)	(ft.)
		Surface	
<u>CC</u>	<u>Clay & Rock</u>	<u>0</u>	<u>25</u>
<u>H</u>	<u>Shale</u>	<u>25</u>	<u>80</u>

7. Casing, Liner, Screen Material, Weight, Specification			
Dia. (in.)	Manufacturer & Method of Assembly	From (ft.)	To (ft.)
<u>6</u>	<u>new black steel PE 18197 PSI-1200 A-120</u>	<u>surface</u>	<u>63</u>
	<u>Valley Steel Pipe</u>		
Dia. (in.)	screen type, material & slot size	From	To

10. Static Water Level _____ ft. above ground surface
50 ft. below ground surface

11. Pump Test
Pumping Level 51 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
<u>clay</u>	<u>surface</u>	<u>8</u>	
<u>Cement</u>	<u>8</u>	<u>63</u>	<u>20</u>

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 Donald C. Kirschbaum Date Signed 10/15/92
Signature of Drill Rig Operator (Mandatory unless same as above) Donald B. Kirschbaum Date Signed 10/15/92

Make additional comments on reverse side about geology, additional screens, water quality, etc.
Comments on reverse side _____ (Check , if yes)