

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACC946		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner DERHEIM, MICHAEL						Phone #															
Mailing Address 1113 WEST BONE LAKE TRL						1. Well Location						Fire # (if avail.)									
City MILLTOWN						State WI		Zip Code 54858				Town of GEORGETOWN									
Street Address or Road Name and Number						1113 WEST BONE LAKE TRL															
County Polk		Co. Permit # 9833924901		Notification # 9833924901		Completed 04-22-2025		Subdivision Name				Lot #		Block #							
Well Constructor (Business Name)				Lic. # 7473		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD)				Method Code							
FRITZ, ROBERT R										45.51797 °N -92.39009 °W				SCR002							
Address W6656 340TH AVE ELLSWORTH WI 54011				Well Plan Approval #		NE SE		Section 18		Township 35 N		Range 16 W									
Approval Date (mm-dd-yyyy)						2. Well Type Replacement															
Hicap Permanent Well #				Common Well #		Specific Capacity 0.4		of previous unique well #								constructed in					
								Reason for replaced or reconstructed well ?													
								SAND POINT													
3. Well serves 1 # of HOME				Hicap Well ? No				Construction Type Drilled													
Private,potable Drillhole				Hicap Property ? No																	
Heat Exchange ___ # of drillholes				Hicap Potable ? No																	
4. Potential Contamination Sources - ON REVERSE SIDE																					
5. Drillhole Dimensions and Construction Method														8. Geology							
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole				Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)			
8		Surface		84		Yes Rotary - Mud Circulation				No		T Q Y G		T-TAN/BROWN Q-CAVING Y-SAND & GRAVEL G-W/GRAVEL/STONES		Surface		92			
4		84		92		No Rotary - Air				No											
						No Rotary - Air & Foam				No											
						No Drill-Through Casing Hammer															
						No Reverse Rotary															
						No Cable-tool Bit ___ in. dia...				No											
						No Dual Rotary				No											
						No Temp. Outer Casing ___ in. dia															
						No Removed? ___ depth ft. (If NO explain on back side)															
6. Casing, Liner, Screen														9. Static Water Level				11. Well Is			
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		3 ft. below ground surface				24 in. above grade							
4		STEEL 10.79 A53B WHEATLAND WELDED				Surface		84		10. Pump Test				Developed ? Yes							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 50 ft. below surface				Disinfected ? Yes							
2		STAINLESS STEEL, JOHNSON 12 SLOT				84		92		Pumping at 20 GP M for 3 Hrs.				Capped ? Yes							
										Pumping Method ? Airlift											
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ?				Yes			
Method TREMIE PIPE - PUMPED																					
Kind of Sealing Material		From (ft.)		To (ft.)		# Sacks Cement				Filled & Sealed Well(s) as needed?				Yes							
GRANULAR BENTONITE		Surface		84		5 S															
														13. Constructor / Supervisory Driller				Lic #		Date Signed	
														RF		7473		05-21-2025			
														Drill Rig Operator		Lic or Reg #		Date Signed			
														RF		7473		05-21-2025			

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 04-21-2025

Updated On: 06-05-2025

Review Status: APPROVED