# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* ACM330

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707

Form 3300-077A

| | |
|---|---|
| Property Owner | CHRISTENSON, LEE |
| Phone # | |
| Mailing Address | 28396 137TH ST |
| City | NEW AUBURN |
| State | WI |
| Zip Code | 54757 |

| County | Co. Permit # | Notification # | Completed |
|---|---|---|---|
| Chippewa | 1 | 10170719901 | 03-25-2026 |

**1. Well Location**

Fire # (if avail.)

Town of SAMPSON

Street Address or Road Name and Number: 28396 137TH ST

| Subdivision Name | Lot # | Block # |
|---|---|---|
| | | |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| OLSON KEN WELL DRLG & PUMP SER INC | 215 | |

Latitude / Longitude in Decimal Degree (DD): 45.2512 °N -91.3963 °W

Method Code: SCR002

Well Plan Approval #

| SW or Govt Lot # | SW | Section | Township | Range |
|---|---|---|---|---|
| | | 17 | 32 N | 8 W |

Address: 10224 20TH AVE
EAU CLAIRE WI 54703-0288

Approval Date (mm-dd-yyyy)

**2. Well Type** Replacement

of previous unique well # constructed in

| Hicap Permanent Well # | Common Well # | Specific Capacity |
|---|---|---|
| | | 1.9 |

Reason for replaced or reconstructed well ?

WELL FAILED/ PUMPS DRY

**3. Well serves** 1 # of HOME

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ? No

Construction Type Drilled

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 6 | Surface | 51 |

| Upper Enlarged Drillhole | | Lower Open Bedrock |
|---|---|---|
| No | Rotary - Mud Circulation ..... | No |
| 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) | |

**8. Geology**

| Geology Codes | | | | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|---|---|---|
| | | I | | I-SOIL-ORGANIC | Surface | 1 |
| | | Y | | Y-SAND & GRAVEL | 1 | 17 |
| T | | Y | M | T-TAN/BROWN Y-SAND & GRAVEL M-SILTY | 17 | 34 |
| G | M | S | | G-GRAY M-MEDIUM S-SAND | 34 | 51 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | STEEL, NEW BLACK T&C; ASTM A53; .280 WALL; 19.45#/FT; WHEATLAND | Surface | 46 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| 5 | STAINLESS MESH SANDBLOCKER | 46 | 51 |

**9. Static Water Level**

7 ft. below ground surface

**10. Pump Test**

Pumping level 16 ft. below surface

Pumping at 17 GP M for 1 Hrs.

Pumping Method ? Test Pump

**11. Well Is**

16 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

**7. Grout or Other Sealing Material**

Method MOUNDED

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| GRANULAR BENTONITE | Surface | 48 | |

**12.** Notified Owner of need to fill & seal ? Yes

Filled & Sealed Well(s) as needed? Yes

| 13. Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| KDO | 6208 | 04-02-2026 |
| **Drill Rig Operator** | **Lic or Reg #** | **Date Signed** |
| TR | 9109 | 04-02-2026 |

**4a. Potential Contamination Sources** Is the well located in floodplain ? No

| Type | Qualifier | Distance | Type | Qualifier | Distance |
|---|---|---|---|---|---|
| POWTS holding component (also known as holding tank) | | 51 | Sewer - Building Sanitary | | 45 |

Comment:

Created On: 03-26-2026 Updated On: 10-15-2026 Review Status: APPROVED