

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACM452		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A												
Property Owner KELLY					Phone #			1. Well Location				Fire # (if avail.)										
Mailing Address 6827 KINGSTON CIR N								Town of ST. JOSEPH				1264										
City GOLDEN VALLEY					State MN		Zip Code 55427		Street Address or Road Name and Number													
1264 COUNTY RD V								Subdivision Name				Lot #		Block #								
County St. Croix		Co. Permit #		Notification #		Completed																
				10134983201		03-30-2026																
Well Constructor (Business Name)				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)				Method Code										
MARTELL WELL DRILLING & PUMP REPAIR INC				105				45.04347 °N -92.74308 °W				SCR002										
Address PO BOX 28 SOMERSET WI 54025-0028						Well Plan Approval #		SE NE		Section		Township		Range								
								36		30 N		20 W										
Approval Date (mm-dd-yyyy)								2. Well Type New Well														
Hicap Permanent Well #				Common Well #		Specific Capacity		of previous unique well #				constructed in										
						0.8		Reason for replaced or reconstructed well ?														
3. Well serves 1 # of HOME				Hicap Well ?		No																
Private, potable				Hicap Property ?		No																
Heat Exchange ___ # of drillholes				Hicap Potable ?		No		Construction Type Drilled														
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.)	
8.75			Surface			254			Yes Rotary - Mud Circulation			No			S C		S-SAND C-CLAYEY		Surface		60	
6			254			256			No Rotary - Air			No			Y		Y-SAND & GRAVEL		60		160	
									No Rotary - Air & Foam			No			Z		Z-CLAY & GRAVEL		160		235	
									No Drill-Through Casing Hammer						Y		Y-SAND & GRAVEL		235		256	
									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				From (ft.)		To (ft.)		150 ft. below ground surface				20 in. above grade								
6		18.99LBS PER FT ASTHMA 53 NEW PRIME PE				Surface		254		10. Pump Test				Developed ? Yes								
										Pumping level 175 ft. below surface				Disinfected ? Yes								
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping at 20 GP M for 1 Hrs.				Capped ? Yes								
2		.12 SLOT SS SCREEN				254		256		Pumping Method ? Airlift												
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ?				No						
Method TREMIE PIPE - PUMPED																						
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		Filled & Sealed Well(s) as needed?				No								
20% HEAVY SOLIDS BENTONITE				Surface		254		22 S														
												13. Constructor / Supervisory Driller				Lic #		Date Signed				
												MF				106		04-02-2026				
												Drill Rig Operator				Lic or Reg #		Date Signed				
												MDF				8352		04-02-2026				

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 04-02-2026

Updated On: 04-28-2026

Review Status: APPROVED