# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* ACM845

**Drinking Water and Groundwater - DG/5**
**Department of Natural Resources, Box 7921**
**Madison WI 53707**
Form 3300-077A

| | |
|---|---|
| Property Owner: PARADIS, MAX | Phone #: (715)409-3771 |
| Mailing Address: N11335 ROCKY CARRIE RD | |
| City: PHILLIPS | State: WI — Zip Code: 54555 |
| County: Price | Co. Permit #: |
| Notification #: 10236701401 | Completed: 04-23-2026 |
| Well Constructor (Business Name): KOMAREK, THEODORE | Lic. #: 7003 |
| Facility ID # (Public Wells): | |
| Well Plan Approval #: | |
| Address: TEAM WELL DRILLING LLC N700 STATE HWY 13<br>OGEMA WI 54459 | |
| Approval Date (mm-dd-yyyy): | |
| Hicap Permanent Well #: | Common Well #: |
| Specific Capacity: 0.3 | |

**1. Well Location**

| | | | | |
|---|---|---|---|---|
| Town of FLAMBEAU | | | | Fire # (if avail.): |
| Street Address or Road Name and Number: N11335 ROCKY CARRIE RD | | | | |
| Subdivision Name: | | Lot #: | | Block #: |
| Latitude / Longitude in Decimal Degree (DD): 45.7823 °N -90.5071 °W | | | | Method Code: GPS008 |
| SW | SW | Section: 9 | Township: 38 N | Range: 1 W |
| or Govt Lot # | | | | |

**2. Well Type** New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
Construction Type: Drilled

**3. Well serves** 1 # of GARAGE
Private,potable Drillhole
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ? No

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

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 6 | Surface | 92 |

| 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 |
| Yes | 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.) |
|---|---|---|---|---|---|---|
| | | X | Z | X-SAND & CLAY Z-W/COBBLES/BOULDERS | Surface | 18 |
| | | S | | S-SAND | 18 | 52 |
| | | M | | M-SILT | 52 | 88 |
| | | S | K | S-SAND K-W/BROKEN ROCK | 88 | 90 |
| | | Q | | Q-GRANITE | 90 | 92 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6.625 | 280 ASTM A53B HT A63664 WELD JT WHEATLAND | Surface | 90 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**
57 ft. below ground surface

**10. Pump Test**
Pumping level 75 ft. below surface
Pumping at 6 GP M for 1 Hrs.
Pumping Method ? Test Pump

**11. Well Is**
28 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 | | 2 S |

**12.** Notified Owner of need to fill & seal ? No
Filled & Sealed Well(s) as needed? No

| 13. Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| TRK | 7003 | 04-24-2026 |
| **Drill Rig Operator** | **Lic or Reg #** | **Date Signed** |
| TRK | | 04-24-2026 |

**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) | | 50 | POWTS dispersal component (soil absorption unit or mound) | | 80 |

Comment:

Created On: 04-24-2026 Updated On: 10-15-2026 Review Status: APPROVED