

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACN233		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A							
Property Owner SUNDSTROM, TOM						Phone #		1. Well Location				Fire # (if avail.)					
Mailing Address 1965 CY WILLIAMS RD						Town of THREE LAKES						1965					
City THREE LAKES						State WI		Zip Code 54562				Street Address or Road Name and Number CY WILLIAMS RD					
County Oneida		Co. Permit #		Notification # 10246411301		Completed 05-05-2026		Subdivision Name				Lot # Block #					
Well Constructor (Business Name) HEDBERG W D/ECS HOLDINGS LLC				Lic. # 6416		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 45.82439 °N -89.17995 °W				Method Code GPS008			
Address PO BOX 1206 EAGLE RIVER WI 54521				Well Plan Approval #		SE NE Section Township Range or Govt Lot # 36 39 N 10 E		2. Well Type Replacement of previous unique well # constructed in Reason for replaced or reconstructed well ? POINT WELL FAILING									
				Approval Date (mm-dd-yyyy)													
Hicap Permanent Well #		Common Well #		Specific Capacity 2.4		Construction Type Drilled											
3. Well serves 1 # of HOME Private, potable 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						8. Geology											
Dia. (in.) 6		From (ft.) Surface		To (ft.) 58		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)	
						No Rotary - Mud Circulation		No		T A S		T-TAN/BROWN A-COARSE S-SAND		Surface		29	
						Yes Rotary - Air		No		N X		N-FINE X-SAND & CLAY		29		42	
						No Rotary - Air & Foam		No		T N S		T-TAN/BROWN N-FINE S-SAND		42		58	
						Yes 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.) 6		Material, Weight, Specification Manufacturer & Method of Assembly NOVATUBE ASTM A53B 18.97# WELDED				From (ft.) Surface		To (ft.) 55		16 ft. below ground surface				16 in. above grade			
Dia. (in.) 5.5		Screen type, material & slot size SS BIGFOOT 10 SLOT				From (ft.) 55		To (ft.) 58		10. Pump Test Pumping level 23 ft. below surface Pumping at 17 GP M for 0.5 Hrs. Pumping Method ? Test Pump				Developed ? Yes Disinfected ? Yes Capped ? Yes			
7. Grout or Other Sealing Material Method MOUNDED						12. Notified Owner of need to fill & seal ? Yes				Filled & Sealed Well(s) as needed? Yes							
Kind of Sealing Material GRANULAR BENTONITE		From (ft.) Surface		To (ft.) 25		# Sacks Cement 1 S		13. Constructor / Supervisory Driller ES Drill Rig Operator						Lic # 6673 Lic or Reg #		Date Signed 05-05-2026 Date Signed	

4a. Potential Contamination SourcesIs the well located in floodplain ? No

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		80	Septic or Holding, or POWTS Tank		70

Comment:

Created On: 05-07-2026

Updated On: 06-01-2026

Review Status: APPROVED