

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				EE481		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A							
Property Owner STEVEN HERBENSON						Phone # (715)834-9311		1. Well Location				Fire # (if avail.)					
Mailing Address 5990 GRAFF RD						Village of						Street Address or Road Name and Number 5990 GRAFF RD					
City EAU CLAIRE				State WI		Zip Code 54701											
County Eau Claire		Co. Permit #		Notification #		Completed 08-01-1990		Subdivision Name			Lot #		Block #				
Well Constructor (Business Name) OLSON BROS				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) °N °W				Method Code					
Address				Well Plan Approval #		SW NW		Section 12		Township 26 N		Range 9 W					
				Approval Date (mm-dd-yyyy)		or Govt Lot #		12		26 N		9 W					
Hicap Permanent Well #		Common Well #		Specific Capacity		2. Well Type of previous unique well # _____ constructed in _____											
3. Well serves # of _____ Private, potable Heat Exchange _____ # of drillholes						Hicap Well ?		Reason for replaced or reconstructed well ? 									
						Hicap Property ?											
						Hicap Potable ?											
4. Potential Contamination Sources - ON REVERSE SIDE												Construction Type					
5. Drillhole Dimensions and Construction Method														8. Geology			
Upper Enlarged Drillhole Lower Open Bedrock Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam Drill-Through Casing Hammer Reverse Rotary Cable-tool Bit ____ in. dia... Dual Rotary Temp. Outer Casing ____ in. dia 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.)		_____ ft. _____ ground surface				_____ in. _____ Grade			
6						Surface		55		10. Pump Test				Developed ?			
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level ____ ft. below surface				Disinfected ?			
										Pumping at ____ GP for ____ Hrs.				Capped ?			
										Pumping Method ?				12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?			
7. Grout or Other Sealing Material Method										13. Constructor / Supervisory Driller						Lic #	
										Drill Rig Operator				Lic or Reg #		Date Signed	

4a. Potential Contamination Sources

Is the well located in floodplain ?

Comment:

Created On: 12-03-2021

Updated On: 12-04-2021

Review Status: APPROVED

Note: This well was inventoried. A well construction report was not submitted.

Well Depth: 77'

Bedrock Depth: