Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EI711

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

Form 3300-077A

Property Owner: KIM PETERSON			Phone #: (612)942-9602
Mailing Address: 8660 FRANLO RD			
City: EDEN PRAIRIE	State: MN	Zip Code: 55344	
County: Sawyer	Co. Permit #:	Notification #:	Completed: 10-15-1991

1. Well Location

Town of SAND LAKE

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #
	00004	

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
ROBERT FROEMEL	4354	

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

Method Code

Well Plan Approval #

SW	SW	Section	Township	Range
or Govt Lot # 004		23	39 N	9 W

Address: RT 5 BOX 5000F
HAYWARD WI 54843-8994

Approval Date (mm-dd-yyyy)

2. Well Type New Well

of previous unique well # constructed in

Hicap Permanent Well #	Common Well #	Specific Capacity

Reason for replaced or reconstructed well ?

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

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

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
S	SAND	Surface	52

6. Casing, Liner, Screen

Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	R@D GALVANIZED STEEL	Surface	49
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	GALVANIZED POINT	49	52

9. Static Water Level

22 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

18 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No

WERE NONE

13. Constructor / Supervisory Driller	Lic #	Date Signed
RW		10-18-1991
Drill Rig Operator	Lic or Reg #	Date Signed

4a. Potential Contamination Sources Is the well located in floodplain ?

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		70

Type	Qualifier	Distance
Sewer - Building Sanitary		20
Septic or Holding, or POWTS Tank		65

Comment:

Created On: 01-14-1992 Updated On: 01-14-1992 Review Status: