# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* GF942

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

Form 3300-077A

| | |
|---|---|
| Property Owner: ALBRECHT, JIM | Phone #: (715)924-3894 |
| Mailing Address: 320 PHILLIPS ST | |
| City: CHETEK | State: WI — Zip Code: 54728 |
| County: Barron | Co. Permit #: — Notification #: — Completed: 10-07-1994 |
| Well Constructor (Business Name): TERRY TIM OLSON | Lic. #: 4200 — Facility ID # (Public Wells): |
| Address: 834 LEINENKUGEL DR, CHETEK WI 54728-9167 | Well Plan Approval #: — Approval Date (mm-dd-yyyy): |
| Hicap Permanent Well #: | Common Well #: — Specific Capacity: |

**1. Well Location**

| | |
|---|---|
| City of CHETEK | Fire # (if avail.): 00320 |
| Street Address or Road Name and Number: 320 PHILLIPS ST | |
| Subdivision Name: | Lot #: — Block #: |
| Latitude / Longitude in Decimal Degree (DD): 45.3099 °N -91.6415 °W | Method Code: GCD013 |
| SW SW or Govt Lot # | Section: 29 — Township: 33 N — Range: 10 W |

**2. Well Type** New Well
of previous unique well #: — constructed in:
Reason for replaced or reconstructed well ?: OLD POINT PLUGGED
Construction Type: Driven Point

**3. Well serves** 1 # of
Private,potable
Heat Exchange____# of drillholes
Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

**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

**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.) |
|---|---|---|---|
| 1.25 | GALV | Surface | 35 |
| **Dia. (in.)** | **Screen type, material & slot size** | **From (ft.)** | **To (ft.)** |
| 1.25 | S S | 35 | 37 |

**7. Grout or Other Sealing Material**
Method

**8. Geology**

| Geology Codes | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|
| S | SAND | Surface | 37 |

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

**10. Pump Test**
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

**11. Well Is**
12 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

**12.** Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? Yes

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| TO | | |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | |

**4a. Potential Contamination Sources** Is the well located in floodplain ? No

| Type | Qualifier | Distance | Type | Qualifier | Distance |
|---|---|---|---|---|---|
| POWTS dispersal component (soil absorption unit or mound) | | 52 | Sewer - Building Sanitary | | 30 |
| | | | Septic or Holding, or POWTS Tank | | 37 |

Comment:

Created On: 01-13-1995 Updated On: 06-18-2020 Review Status: