# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* GF943

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: FOSSUM, ELLA | | | Phone #: (414)554-6014 |
| Mailing Address: 4712 CHICARY LN | | | |
| City: RACINE | State: WI | Zip Code: 53403 | |
| County: Barron | Co. Permit #: | Notification #: | Completed: 09-24-1994 |

**1. Well Location**

Town of CHETEK

Fire # (if avail.):

Street Address or Road Name and Number:

| Subdivision Name | Lot # | Block # |
|---|---|---|
| ISLAND PARK | | |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| TERRY TIM OLSON | 4200 | |

Address: 834 LEINENKUGEL DR
CHETEK WI 54728-9167

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

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

Method Code:

| SW | NW | Section | Township | Range |
|---|---|---|---|---|
| or Govt Lot # | | 19 | 33 N | 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

| Hicap Permanent Well # | Common Well # | Specific Capacity |
|---|---|---|
| | | |

**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 | 25 |
| **Dia. (in.)** | **Screen type, material & slot size** | **From (ft.)** | **To (ft.)** |
| 1.25 | S S | 25 | 27 |

**7. Grout or Other Sealing Material**

Method

**8. Geology**

| Geology Codes | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|
| S | SAND | Surface | 27 |

**9. Static Water Level**

9 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 |
|---|---|---|
| TJO | | 09-27-1994 |
| 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) | | 61 | Privy | | 65 |
| Building Overhang | | 2 | Sewer - Building Sanitary | | 32 |
| Shoreline/Pool | | 59 | Septic or Holding, or POWTS Tank | | 48 |

Comment:

Created On: 01-13-1995 Updated On: 01-13-1995 Review Status: