Well Construction Report
WISCONSIN UNIQUE WELL NUMBER GF944

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

Form 3300-077A

Property Owner: NOVAK, CHUCK			Phone #: (715)924-3388
Mailing Address: 2575 TEN MILE LK DR			
City: CHETEK	State: WI	Zip Code: 54728	
County: Barron	Co. Permit #:	Notification #:	Completed: 10-05-1994

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:	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location

Town of CHETEK				Fire # (if avail.): 02575
Street Address or Road Name and Number: 2575 LK DR				
Subdivision Name:		Lot #:		Block #:
Latitude / Longitude in Decimal Degree (DD): °N °W				Method Code:
NE SE or Govt Lot #:	Section: 32	Township: 33 N	Range: 10 W	

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
NEW HOUSE

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	36

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	GALV	Surface	6
1.25	GALV	6	33
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	S S	33	36

7. Grout or Other Sealing Material
Method

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
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		10-21-1994
Drill Rig Operator	Lic or Reg #	Date Signed

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

Type	Qualifier	Distance
Building Overhang		2
Septic or Holding, or POWTS Tank		64
POWTS dispersal component (soil absorption unit or mound)		93
Sewer - Building Sanitary		32
Wastewater Sump		30

Comment:

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