# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* GF945

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: GILBERTSON, LARRY | | | Phone #: (715)924-4784 |
| Mailing Address: 884 WHITE ST | | | |
| City: CHETEK | State: WI | Zip Code: 54728 | |
| County: Barron | Co. Permit #: | Notification #: | Completed: 10-25-1994 |

| | | | |
|---|---|---|---|
| Well Constructor (Business Name): TERRY TIM OLSON | Lic. #: 4200 | Facility ID # (Public Wells): | |
| Address: 834 LEINENKUGEL DR<br>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.): 00884

Street Address or Road Name and Number: 884 WHITE ST

| | | | |
|---|---|---|---|
| Subdivision Name: | Lot #: | Block #: | |
| Latitude / Longitude in Decimal Degree (DD): °N °W | | | Method Code: |
| NE NE or Govt Lot #: | Section: 19 | 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

**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 | 39 |

**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 | 36 |
| **Dia. (in.)** | **Screen type, material & slot size** | **From (ft.)** | **To (ft.)** |
| 1.25 | S S | 36 | 39 |

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

**9. Static Water Level**
20 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 |
|---|---|---|
| TTO | | 11-20-1994 |
| 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 | | 32 |

| Type | Qualifier | Distance |
|---|---|---|
| POWTS dispersal component (soil absorption unit or mound) | | 55 |
| Sewer - Building Sanitary | | 10 |

Comment:

Created On: 02-24-1995 Updated On: 02-24-1995 Review Status: