

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				<b style="font-size: 1.2em;">GH239		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																																
Property Owner KOELLER, TIM						Phone # (715)247-3471		1. Well Location				Fire # (if avail.)																														
Mailing Address 501 180TH AVE						Town of SOMERSET						Street Address or Road Name and Number																														
City SOMERSET				State WI		Zip Code 54025																																				
County St. Croix		Co. Permit #		Notification #		Completed 10-28-1995		Subdivision Name			Lot #		Block #																													
Well Constructor (Business Name) EDWIN A KALSTO				Lic. # 488		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) °N °W			Method Code																															
Address PO BOX 73 SOMERSET WI 54025-0073				Well Plan Approval #		NE NW		Section 5		Township 30 N		Range 19 W																														
				Approval Date (mm-dd-yyyy)		or Govt Lot #		5		30 N		19 W																														
Hicap Permanent Well #		Common Well #		Specific Capacity 0.4		2. Well Type New Well																																				
3. Well serves 1 # of HOME Private, potable Heat Exchange ___ # of drillholes						Hicap Well ? No		of previous unique well # _____ constructed in _____ Reason for replaced or reconstructed well ? NEW HOME																																		
						Hicap Property ? No																																				
4. Potential Contamination Sources - ON REVERSE SIDE						Hicap Potable ?		Construction Type Drilled																																		

5. Drillhole Dimensions and Construction Method												8. Geology																														
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6. Casing, Liner, Screen												9. Static Water Level				11. Well Is																										
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7. Grout or Other Sealing Material Method <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Kind of Sealing Material</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 10%;">To (ft.)</th> <th style="width: 10%;"># Sacks Cement</th> </tr> <tr> <td>11 BENTONITE CLAY SLURRY</td> <td>Surface</td> <td>157</td> <td> </td> </tr> </table>								Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement	11 BENTONITE CLAY SLURRY	Surface	157		10. Pump Test Pumping level 188 ft. below surface Pumping at 10 GP M for 3 Hrs. Pumping Method ?				Developed ? Yes Disinfected ? Yes Capped ? Yes																						
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12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed? No NO OTHER WELL ON PROP								13. Constructor / Supervisory Driller				Lic #				Date Signed																										
																				EAK				11-10-1995																		
Drill Rig Operator								Lic or Reg #				Date Signed																														
																GK				11-10-1995																						

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		65	Sewer - Building Sanitary		30
Building Overhang		25	Septic or Holding, or POWTS Tank		55

Comment:

Created On: 11-28-1995

Updated On: 11-28-1995

Review Status: