# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* GU761

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

Form 3300-077A

Property Owner: CURTIS KARLS
Phone #: (715)235-6517
Mailing Address: N7270 529TH
City: MENOMONIE
State: WI
Zip Code: 54751

| County | Co. Permit # | Notification # | Completed |
|---|---|---|---|
| Dunn | | | 10-28-1987 |

**1. Well Location**
Town of RED CEDAR
Fire # (if avail.)
Street Address or Road Name and Number
Subdivision Name | Lot # | Block #

Well Constructor (Business Name): WETTSTEIN
Lic. #
Facility ID # (Public Wells)
Latitude / Longitude in Decimal Degree (DD) °N °W
Method Code

Address
Well Plan Approval #
Approval Date (mm-dd-yyyy)

NW SW or Govt Lot # | Section: 6 | Township: 28 N | Range: 12 W

**2. Well Type**
of previous unique well # constructed in
Reason for replaced or reconstructed well ?

Hicap Permanent Well # | Common Well # | Specific Capacity

**3. Well serves** # of
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?
Construction Type

**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 | |
| Removed? ____depth ft. (If NO explain on back side) | |

**8. Geology**

**6. Casing, Liner, Screen**

| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
|---|---|---|---|
| | | | |

**9. Static Water Level**
_____ ft. _____ground surface

**11. Well Is**
_____ in.
_____Grade
Developed ?
Disinfected ?
Capped ?

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

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

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

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

**4a. Potential Contamination Sources** Is the well located in floodplain ?

Comment:

Created On: 12-03-2021 Updated On: 12-04-2021 Review Status: APPROVED

## Note: This well was inventoried. A well construction report was not submitted.

Well Depth: Bedrock Depth: