Well Construction Report
WISCONSIN UNIQUE WELL NUMBER HQ353

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

Form 3300-077A

Property Owner: MANNIE, TIMOTHY			Phone #: (715)485-3092
Mailing Address: 1378 KAMAN PARK TRL			
City: BALSAM LAKE	State: WI	Zip Code: 54810	
County: Polk	Co. Permit #:	Notification #:	Completed: 02-25-1995

1. Well Location

Town of MILTOWN

Fire # (if avail.):

Street Address or Road Name and Number: 1378 KAMAN PARK TRL

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
LYLE C SULLIVAN	120	

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

Method Code:

SW	SW	Section	Township	Range
or Govt Lot #		35	35 N	17 W

Well Plan Approval #:

Address: 1467 300TH AVE
FREDERIC WI 54837-9593

Approval Date (mm-dd-yyyy):

2. Well Type New Well

of previous unique well # constructed in

Hicap Permanent Well #	Common Well #	Specific Capacity

Reason for replaced or reconstructed well ?

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

Construction Type Jetted

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.)
2	A53 USA STEEL	Surface	22
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS STEEL 12 SLOT	22	26

7. Grout or Other Sealing Material

Method

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		S		SAND	Surface	26

9. Static Water Level

20 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at 8 GP M for 6 Hrs.

Pumping Method ?

11. Well Is

18 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No

NONE

13. Constructor / Supervisory Driller	Lic #	Date Signed
LS		03-15-1995
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
		03-15-1995

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		6	Shoreline/Pool		65
			Septic or Holding, or POWTS Tank		45

Comment: NON SENT TO DRLLR 090195 DRILLER RECONSTRTED WELL WITH N CABLE NWD PRESNT REPRT COMING SOON WELLWAS NOT A MINIMUM OF 25' DEEP ONLY 22

Created On: 12-14-1995 Updated On: 12-14-1995 Review Status: