Well Construction Report
WISCONSIN UNIQUE WELL NUMBER NB956

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

Form 3300-077A

Property Owner	HANSON, DAVE
Phone #	
Mailing Address	N11803 BALD EAGLE RD
City	TREGO
State	WI
Zip Code	54888
County	Washburn
Co. Permit #	
Notification #	
Completed	10-12-2003
Well Constructor (Business Name)	JOHN C SMITH
Lic. #	5901
Facility ID # (Public Wells)	
Well Plan Approval #	
Address	JOHNS PUMP & WELL SERVICE MINONG WI 54859
Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	
Common Well #	
Specific Capacity	

1. Well Location

Town of CHICOG	Fire # (if avail.) N1180
Street Address or Road Name and Number	N11803 BALD EAGLE RD
Subdivision Name	
Lot #	
Block #	
Latitude / Longitude in Decimal Degree (DD)	°N °W
Method Code	
NE SE or Govt Lot #	
Section	2
Township	41 N
Range	13 W

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

OLD WELL NON-COMPLYING

Construction Type Driven Point

3. Well serves 1 # of NONE

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

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.)
1.225	A53 SAWHILL	Surface	31
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.225	SS DRIVE POINT 60	31	34

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface		

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
-	-	S	-	SAND	Surface	34

9. Static Water Level

12 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ 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

HOMEOWNER ADVISED

13. Constructor / Supervisory Driller	Lic #	Date Signed
JS		10-12-2003
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		55	Shoreline/Pool		200
Building Overhang		3	Septic or Holding, or POWTS Tank		40

Comment:

Created On: 11-03-2003 Updated On: 11-03-2003 Review Status: