Well Construction Report
WISCONSIN UNIQUE WELL NUMBER RS080

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

Form 3300-077A

Property Owner: WAHL, JACK		Phone #: (715)831-6410
Mailing Address: 4536 WOODRIDGE AVE		
City: EAU CLAIRE	State: WI	Zip Code: 54701

County	Co. Permit #	Notification #	Completed
Barron		30128745	08-01-2008

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
T TIM OLSON	4200	

Address: 900 25TH ST, CHETEK WI 54728-7915

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.): 2440

Street Address or Road Name and Number: 11 3/4 AVE

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)				Method Code
45.37278 °N	-91.6525 °W			GPS006

SW NE or Govt Lot #	Section	Township	Range
	6	33 N	10 W

2. Well Type Replacement
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

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

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	GALV.	Surface	25

Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	SS 10 SLOT	25	28

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	28

9. Static Water Level
5 ft. below ground surface

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

11. Well Is
14 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		08-20-2008
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
Shoreline/Pool		57	Septic or Holding, or POWTS Tank		38

Comment:

Created On: 09-19-2008 Updated On: 09-19-2008 Review Status: