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: Barron	Co. Permit #:
Notification #: 30128745	Completed: 08-01-2008
Well Constructor (Business Name): T TIM OLSON	Lic. #: 4200
Facility ID # (Public Wells):	
Address: 900 25TH ST CHETEK WI 54728-7915	
Well Plan Approval #:	
Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:
Specific Capacity:	

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): 45.37278 °N -91.6525 °W	Method Code: GPS006
SW NE or Govt Lot #:	Section: 6 — Township: 33 N — Range: 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

3. Well serves 1 # of

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.)
1.25	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: