Well Construction Report
WISCONSIN UNIQUE WELL NUMBER RS081

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

Form 3300-077A

Property Owner: ROD & GUN SHOP	Phone #: (715)924-4181
Mailing Address: 513 2ND ST	
City: CHETEK	State: WI — Zip Code: 54728
County: Barron	Co. Permit #:
Notification #: 32804288	Completed: 05-23-2009
Well Constructor (Business Name): T TIM OLSON	Lic. #: 4200
Facility ID # (Public Wells):	Well Plan Approval #:
Address: 900 25TH ST CHETEK WI 54728-7915	Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #:
Specific Capacity:	

1. Well Location

City of CHETEK

Fire # (if avail.):

Street Address or Road Name and Number: 513 2ND ST

Subdivision Name	Lot #	Block #
	17,18	5E

Latitude / Longitude in Decimal Degree (DD)	Method Code
45.30817 °N -91.65067 °W	GPS006

SW	SE	Section	Township	Range
or Govt Lot #		30	33 N	10 W

2. Well Type Replacement

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

IN BASEMENT

Construction Type: Driven Point

3. Well serves 1 # of MINNOW TANKS

Private, non-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	30
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	S/S 10 SLOT	30	33

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	33

9. Static Water Level

19 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

13 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		06-07-2009
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
Clearwater Sump		21	Sewer - Building Sanitary		32

Comment:

Created On: 07-21-2009 Updated On: 07-21-2009 Review Status: