Well Construction Report
WISCONSIN UNIQUE WELL NUMBER TA261

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

Form 3300-077A

Property Owner: KNUTSEN, RAY			Phone #: (715)635-3840
Mailing Address: N5822 LINBERLOST LN			
City: SPOONER	State: WI	Zip Code: 54801	
County: Washburn	Co. Permit #:	Notification #: 21245949	Completed: 10-31-2005

1. Well Location

Town of CASEY

Fire # (if avail.): N8706

Street Address or Road Name and Number: SCENIC DR

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
CHRISTOPHER LINDSTROM	6521	

Latitude / Longitude in Decimal Degree (DD): 45.9502 °N -92.0032 °W

Method Code: GCD013

Well Plan Approval #:

SW	NE	Section	Township	Range
or Govt Lot # 7		17	40 N	13 W

Address: LINDSTROM WELLS
SPOONER WI 54801-9438

Approval Date (mm-dd-yyyy):

2. Well Type New Well

of previous unique well # constructed in

Hicap Permanent Well #	Common Well #	Specific Capacity
		2.8

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: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
1.25	Surface	28

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

8. Geology

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	NONE SANDPOINT WHEATLAND GALVANIZED CAMPBELL	Surface	28
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	GALVANIZED 10 SLOT	25	28

9. Static Water Level

10 ft. below ground surface

10. Pump Test

Pumping level 12 ft. below surface

Pumping at 5.5 GP M for 6 Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ?

Disinfected ? Yes

Capped ?

7. Grout or Other Sealing Material

Method

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
CPL		10-31-2005
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

4a. Potential Contamination Sources Is the well located in floodplain ?

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Drain - Sanitary		20	Foundation Drain to Sewer		20
Downspout/Yard Hydrant		65	Shoreline/Pool		90
Foundation Drain to Clearwater		8	Sewer - Building Sanitary		20
			Septic or Holding, or POWTS Tank		65

Comment:

Created On: 02-02-2006 Updated On: 06-26-2020 Review Status: