

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				TU511		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																																							
Property Owner ADAMS, BRIAN & LANETTE						Phone # (219)922-6045		1. Well Location				Fire # (if avail.)																																					
Mailing Address 743 NORTH HARVEY ST						Town of THREE LAKES						8598																																					
City GRIFFITH						State IN		Zip Code 46319				Street Address or Road Name and Number ONEIDA																																					
County Oneida		Co. Permit #		Notification # 20959679		Completed 09-20-2005		Subdivision Name				Lot #		Block #																																			
Well Constructor (Business Name) KLISS QUIK SERVICE INC				Lic. # 6341		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 45.8684 °N -89.0747 °W				Method Code GCD013																																			
Address 1030 HWY 45 S EAGLE RIVER WI 54521				Well Plan Approval #				SW SE		Section 11		Township 39 N		Range 11 E																																			
				Approval Date (mm-dd-yyyy)				or Govt Lot #																																									
Hicap Permanent Well #		Common Well #		Specific Capacity				2. Well Type New Well																																									
3. Well serves 1 # of Private, potable Heat Exchange ___ # of drillholes						Hicap Well ? No		Reason for replaced or reconstructed well ?																																									
						Hicap Property ? No																																											
						Hicap Potable ?		Construction Type Driven Point																																									
4. Potential Contamination Sources - ON REVERSE SIDE																																																	
5. Drillhole Dimensions and Construction Method																																																	
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6. Casing, Liner, Screen																																																	
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1 ft. below ground surface																																																	
10. Pump Test																																																	
Pumping level ___ ft. below surface																																																	
Pumping at 10 GP M for 1 Hrs.																																																	
Pumping Method ?																																																	
11. Well Is																																																	
18 in. above grade																																																	
Developed ? Yes																																																	
Disinfected ? Yes																																																	
Capped ? Yes																																																	
7. Grout or Other Sealing Material																																																	
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12. Notified Owner of need to fill & seal ?																																																	
Filled & Sealed Well(s) as needed? No																																																	
NEW LOT																																																	
13. Constructor / Supervisory Driller																																																	
Lic #										Date Signed																																							
LRK										09-22-2005																																							
Drill Rig Operator										Lic or Reg #																																							
										Date Signed																																							

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

Type	Qualifier	Distance
Shoreline/Pool		70

Comment:

Created On: 11-15-2005

Updated On: 06-30-2020

Review Status: APPROVED