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
Mailing Address: 743 NORTH HARVEY ST	
City: GRIFFITH	State: IN — Zip Code: 46319

County	Co. Permit #	Notification #	Completed
Oneida		20959679	09-20-2005

Well Constructor (Business Name): KLISS QUIK SERVICE INC	Lic. #: 6341
Address: 1030 HWY 45 S EAGLE RIVER WI 54521	

Facility ID # (Public Wells):
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 THREE LAKES

Fire # (if avail.): 8598

Street Address or Road Name and Number
ONEIDA

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD): 45.8684 °N -89.0747 °W
Method Code: GCD013

SW	SE	Section	Township	Range
or Govt Lot #		11	39 N	11 E

2. Well Type New Well
of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Upper Enlarged Drillhole		Lower Open Bedrock
No	Rotary - Mud Circulation	No
No	Rotary - Air	No
No	Rotary - Air & Foam	No
No	Drill-Through Casing Hammer	
No	Reverse Rotary	
No	Cable-tool Bit ____in. dia...	No
	Dual Rotary	
No	Temp. Outer Casing ____ in. dia	
No	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.)
2	R&D ASTM 589-F GALV	Surface	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	MIDWEST WASHER 60#	25	29

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	29

9. Static Water Level
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

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 Sources Is 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