Well Construction Report
WISCONSIN UNIQUE WELL NUMBER UY856

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

Form 3300-077A

Property Owner: PAKAN, DR. J. M.	Phone #: (715)834-3541
Mailing Address: 1219 10TH ST W	
City: ALTOONA	State: WI — Zip Code: 54720
County: Eau Claire	Co. Permit #: 30289 — Notification # — Completed: 04-14-2010
Well Constructor (Business Name): CHRISTOPHER J OLSON	Lic. #: 5820 — Facility ID # (Public Wells)
Address: PO BOX 1477 EAU CLAIRE WI 54702	Well Plan Approval # — Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well # — Specific Capacity

1. Well Location

City of ALTOONA	Fire # (if avail.): 1219
Street Address or Road Name and Number: 10TH ST W	
Subdivision Name	Lot # — Block #
Latitude / Longitude in Decimal Degree (DD): 44.79188 °N -91.44167 °W	Method Code: GPS008
NW NW or Govt Lot #	Section: 26 — Township: 27 N — Range: 9 W

2. Well Type Reconstruction

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?

LOW YIELD

Construction Type: Drilled

3. Well serves 1 # of GARDEN

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

Dia. (in.)	From (ft.)	To (ft.)
5	Surface	135

Upper Enlarged Drillhole — Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes — Cable-tool Bit 5in. dia... — Yes
- Dual Rotary .....
- Temp. Outer Casing ____in. dia
  Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
T - N -	TAN SANDSTONE (DEEPENED FROM 95-135)	Surface	135

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
5	STEEL CASING TO	Surface	50
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

_____ ft. _____ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

8 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

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? No

13. Constructor / Supervisory Driller	Lic #	Date Signed
CJO		
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
Building Overhang		15	Sewer - Building Sanitary		30

Comment: WELL DRLR DOESN'T HAVE LICENSE. CAN'T GET MISSING INFO.

Variance ID	Variance or Exception Type	Date	Reason
	Well Construction	09/22/2011	RECONSTRUCT A 5" DIAMETER BEDROCK WELL

Created On: 10-03-2012 Updated On: 10-12-2012 Review Status: