Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XM756

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

Form 3300-077A

Property Owner: MICKELSON, MAYNARD			Phone #: (715)237-2005
Mailing Address: 2616 6TH AVE			
City: NEW AUBURN	State: WI	Zip Code: 54757	
County: Barron	Co. Permit #:	Notification #: 52016390	Completed: 07-01-2014

Well Constructor (Business Name): T TIM OLSON	Lic. #: 4200	Facility ID # (Public Wells):
Address: 900 25TH ST CHETEK WI 54728-7915		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 DOVRE

Fire # (if avail.): 2616

Street Address or Road Name and Number: 2616 6TH AVE

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)	Method Code
45.29008 °N -91.61992 °W	GPS006

NW or Govt Lot #	NW	Section	Township	Range
		4	32 N	10 W

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

Reason for replaced or reconstructed well ?
OLD POINT PLUGGED

Construction Type: Driven Point

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

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
- - S -	SAND	Surface	28

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 A53	Surface	25
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	S/S 10 SLOT	25	28

7. Grout or Other Sealing Material
Method

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

9. Static Water Level
6.5 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at 11 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		07-15-2014
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
POWTS dispersal component (soil absorption unit or mound)		58	Sewer - Building Sanitary		22
			Septic or Holding, or POWTS Tank		37

Comment:

Created On: 12-02-2014 Updated On: 12-02-2014 Review Status: