Well Construction Report
WISCONSIN UNIQUE WELL NUMBER XS060

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

Form 3300-077A

Property Owner: JOHNSON, BRECK			Phone #
Mailing Address: 52782 MINNEWAUKON DR N			
City: MANKATO	State: MN	Zip Code: 56003	
County: Rusk	Co. Permit #:	Notification #: 6669244201	Completed: 05-01-2017

Well Constructor (Business Name): THOMAS ATWOOD	Lic. #: 15	Facility ID # (Public Wells):	
Address: ATWOOD WELL DRILLING BRUCE WI 54819-9722		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity: 0.5	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of THORNAPPLE

Fire # (if avail.)

Street Address or Road Name and Number: N6983 BIG PINS LN

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)	Method Code
45.5402 °N -91.2301 °W	GCD013

SE SW or Govt Lot #	Section	Township	Range
	3	35 N	7 W

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

Reason for replaced or reconstructed well ?

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	35

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 explain on back side)

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
-	-	I	-	TOPSOIL	Surface	1
-	-	Z	-	CLAY & GRAVEL	1	30
-	-	G	-	GRAVEL	30	35

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	ASTM A53 19LBS FT WHEATLAND WELDED	Surface	32
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
4	CONTINUOUS SLOT #15	32	35

9. Static Water Level
8 ft. below ground surface

10. Pump Test
Pumping level 28 ft. below surface
Pumping at 10 GP M for 2 Hrs.
Pumping Method ?

11. Well Is
15 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
1 BAG GRANULAR BENTONITE	Surface		

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
TA		05-26-2017
Drill Rig Operator	Lic or Reg #	Date Signed

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

Comment:

Created On: 10-12-2017 Updated On: 06-24-2020 Review Status: