

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				XS062		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner FLOURO, KEN						Phone #		1. Well Location				Fire # (if avail.)							
Mailing Address N3786 TOWNLINE RD						Town of GRANT													
City LADYSMITH						State WI		Zip Code 54848				Street Address or Road Name and Number W9541 KROLL RD							
County Rusk		Co. Permit #		Notification # 6822419501		Completed 06-01-2017		Subdivision Name				Lot #		Block #					
Well Constructor (Business Name) THOMAS ATWOOD				Lic. # 15		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 45.27833 °N -91.48767 °W				Method Code GPS008					
Address ATWOOD WELL DRILLING BRUCE WI 54819-9722				Well Plan Approval #		NE NW Section Township Range or Govt Lot # 7 34 N 6 W				2. Well Type New Well									
						Approval Date (mm-dd-yyyy)				of previous unique well # constructed in									
Hicap Permanent Well #		Common Well #		Specific Capacity 2		Reason for replaced or reconstructed well ?													
3. Well serves 1 # of CABIN				Hicap Well ? No															
Private, potable				Hicap Property ? No															
Heat Exchange ___ # of drillholes				Hicap Potable ?		Construction Type Drilled													
4. Potential Contamination Sources - ON REVERSE SIDE																			
5. Drillhole Dimensions and Construction Method												8. Geology							
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)			
6		Surface		44						- - I -		TOPSOIL		Surface		1			
						Rotary - Mud Circulation				- - C -		CLAY		1		8			
						Rotary - Air				- - P -		HARDPAN		8		40			
						Rotary - Air & Foam				- - X -		CLAY & SAND		40		43			
						Drill-Through Casing Hammer				- - N -		SANDSTONE		43		44			
						Reverse Rotary													
						Cable-tool Bit ___ in. dia...													
						Dual Rotary													
						Temp. Outer Casing ___ in. dia													
						Removed? ___ depth ft. (If NO explain on back side)													
6. Casing, Liner, Screen												9. Static Water Level				11. Well Is			
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		8 ft. below ground surface				15 in. above grade					
6		ASTMA53 19 LBS FT WHEATLAND WELDED				Surface		43		10. Pump Test				Developed ? Yes					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 12 ft. below surface				Disinfected ? Yes					
										Pumping at 8 GP M for 2 Hrs.				Capped ? Yes					
										Pumping Method ?									
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ?							
Method												Filled & Sealed Well(s) as needed?							
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement											
GRANULAR BENTONITE				Surface				3 S											
												13. Constructor / Supervisory Driller				Lic #		Date Signed	
												TA						06-04-2017	
												Drill Rig Operator				Lic or Reg #		Date Signed	

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		6	Privy		55

Comment:

Created On: 03-27-2018

Updated On: 03-27-2018

Review Status: