

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				XV774		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner NEIDERMIRE, DOUG						Phone # (612)718-8894		1. Well Location				Fire # (if avail.)									
Mailing Address 947 190TH ST						Town of OSCEOLA						Street Address or Road Name and Number									
City DRESSER						State WI		Zip Code 54009				947 190TH ST									
County Polk		Co. Permit #		Notification # 6406055401		Completed 05-13-2016		Subdivision Name				Lot #		Block #							
Well Constructor (Business Name) BRUCE SAMPSON				Lic. # 3819		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 45.3444 °N -92.5527 °W				Method Code GCD013							
Address SAMPSON WELL CO FOREST LAKE MN 55025				Well Plan Approval #				SE NE		Section 14		Township 33 N		Range 18 W							
				Approval Date (mm-dd-yyyy)				or Govt Lot #													
Hicap Permanent Well #				Common Well #		Specific Capacity				2. Well Type Replacement											
										of previous unique well # constructed in											
										Reason for replaced or reconstructed well ?											
										OLD & UNSAFE IN A PIT											
3. Well serves 1 # of				Hicap Well ? No						Construction Type Drilled											
Private, potable				Hicap Property ? No																	
Heat Exchange ___ # of drillholes				Hicap Potable ?																	
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.)			
8		Surface		100		<u>Yes</u> Rotary - Mud Circulation <u>No</u> 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)						- S Y - SAND/GRAVEL SOFT - M C - CLAY MED - S G - GRAVEL SOFT				Surface 51 98 100					
6. Casing, Liner, Screen														9. Static Water Level				11. Well Is			
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		60 ft. below ground surface				12 in. above grade							
4		PVC SDR 21 CRESLINE GLUED				Surface		100		10. Pump Test				Developed ? Yes							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 60 ft. below surface Pumping at 25 GP for 2 Hrs. Pumping Method ?				Disinfected ? Yes Capped ? Yes							
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ?							
Method PRESSURE TREMIE																					
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		Filled & Sealed Well(s) as needed?				Yes							
Q GROUT				Surface		100		7 S													
														13. Constructor / Supervisory Driller				Lic #		Date Signed	
														BS						05-27-2016	
														Drill Rig Operator				Lic or Reg #		Date Signed	
														DS							

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		40	Septic or Holding, or POWTS Tank		110

Comment:

Created On: 08-18-2016

Updated On: 06-30-2020

Review Status: