

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ZJ831		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner LYON, BONNIE						Phone # (715)479-9767		1. Well Location				Fire # (if avail.)									
Mailing Address 1695 WILDERNESS TRL						Town of LINCOLN						Street Address or Road Name and Number APPLE VALLEY LN									
City EAGLE RIVER				State WI		Zip Code 54521															
County Vilas		Co. Permit #		Notification # 8140901801		Completed 09-29-2020		Subdivision Name APPLE VALLEY			Lot # 5		Block #								
Well Constructor (Business Name) WRANIK THOMAS F WELL DRILLING INC				Lic. # 6031		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 45.8692 °N -89.2511 °W			Method Code SCR002								
Address 620 W PINE ST BOX 1266 EAGLE RIVER WI 54521				Well Plan Approval #				SE NW		Section 16		Township 39 N		Range 10 E							
				Approval Date (mm-dd-yyyy)				or Govt Lot #		16		39 N		10 E							
Hicap Permanent Well #			Common Well #			Specific Capacity 2.4			2. Well Type New Well of previous unique well # constructed in Reason for replaced or reconstructed well ? Construction Type Drilled												
3. Well serves 1 # of HOME						Hicap Well ? No															
Private, potable						Hicap Property ? No															
Heat Exchange ___ # of drillholes						Hicap Potable ? No															
4. Potential Contamination Sources - ON REVERSE SIDE																					
5. Drillhole Dimensions and Construction Method														8. Geology							
Dia. (in.) 6		From (ft.) Surface		To (ft.) 41		Upper Enlarged Drillhole				Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)			
						<u>No</u> Rotary - Mud Circulation				<u>No</u>		N S		N-FINE S-SAND		Surface		35			
						<u>Yes</u> Rotary - Air				<u>No</u>		A Y		A-COARSE Y-SAND & GRAVEL		35		41			
						<u>No</u> Rotary - Air & Foam				<u>No</u>											
						<u>Yes</u> Drill-Through Casing Hammer															
						<u>No</u> Reverse Rotary															
						<u>No</u> Cable-tool Bit ___ in. dia...				<u>No</u>											
						<u>No</u> Dual Rotary				<u>No</u>											
						<u>No</u> Temp. Outer Casing ___ in. dia															
						<u>No</u> 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.)		25 ft. below ground surface				12 in. above grade							
6		A53B WELDED WHEATLAND SEC 40X20 18.97LB				Surface		38		10. Pump Test				Developed ? Yes							
Pumping level 30 ft. below surface										Pumping at 12 GP M for 1 Hrs.				Disinfected ? Yes							
Pumping Method ? Test Pump										Capped ? Yes											
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		12. Notified Owner of need to fill & seal ? No Filled & Sealed Well(s) as needed? No											
5		TEL JOHNSON SS #7				38		41													
7. Grout or Other Sealing Material Method														13. Constructor / Supervisory Driller				Lic #		Date Signed	
														TW				70		09-29-2020	
														Drill Rig Operator				Lic or Reg #		Date Signed	
														PN				7304		09-29-2020	

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 10-22-2020

Updated On: 11-10-2020

Review Status: APPROVED