

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ZN431		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A							
Property Owner HABBEN, RJ						Phone #		1. Well Location				Fire # (if avail.)					
Mailing Address 629 210TH AVE								Town of SOMERSET				629					
City SOMERSET						State WI		Zip Code 54025				Street Address or Road Name and Number 210TH AVE					
County St. Croix		Co. Permit #		Notification # 8562816801		Completed 10-08-2021		Subdivision Name GAVIN'S ACRES				Lot # 13					
Well Constructor (Business Name) MANTYLA WELL DRILLING INC		Lic. # 62		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) 45.1665 °N -92.6891 °W				Method Code GPS008							
Address 1392 ST CROIX TRAIL N LAKELAND MN 55043		Well Plan Approval #		Approval Date (mm-dd-yyyy)		NW NW		Section 23		Township 31 N		Range 19 W					
Hicap Permanent Well #		Common Well #		Specific Capacity 0.7		2. Well Type New Well				of previous unique well #		constructed in					
Reason for replaced or reconstructed well ?																	
3. Well serves 1 # of HOME		Hicap Well ? No		Hicap Property ? No		Hicap Potable ? No		Construction Type Drilled									
Private, potable																	
Heat Exchange ___ # of drillholes																	
4. Potential Contamination Sources - ON REVERSE SIDE																	
5. Drillhole Dimensions and Construction Method																	
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)	
10		Surface		81		Yes Rotary - Mud Circulation		No		T M X Z		T-TAN/BROWN M-MEDIUM X-SAND & CLAY Z-W/COBBLES/BOULDERS		Surface		30	
6		81		165		No Rotary - Air		No		T H P		T-TAN/BROWN H-HARD/FIRM P-HARDPAN		30		80	
						No Rotary - Air & Foam		Yes		T N		T-TAN/BROWN N-SANDSTONE		80		165	
						No Drill-Through Casing Hammer											
						No Reverse Rotary											
						No Cable-tool Bit ___ in. dia...		No									
						No Dual Rotary		No									
						No Temp. Outer Casing ___ in. dia											
						No 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.)		106 ft. below ground surface		14 in. above grade					
6		STL. HW 18.97 A53				Surface		83		10. Pump Test		Developed ? Yes					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 136 ft. below surface		Disinfected ? Yes					
										Pumping at 20 GP M for 2 Hrs.		Capped ? Yes					
										Pumping Method ? Airlift							
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ?		No	
Method PRESSURE TREMIE																	
Kind of Sealing Material		From (ft.)		To (ft.)		# Sacks Cement				Filled & Sealed Well(s) as needed?		No					
H.S. BENTONITE		Surface		81		23 S											
13. Constructor / Supervisory Driller														Lic #		Date Signed	
RT														5084		10-20-2021	
Drill Rig Operator														Lic or Reg #		Date Signed	

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

Type	Qualifier	Distance
Septic or Holding, or POWTS Tank		60

Comment:

Created On: 12-21-2021

Updated On: 03-30-2022

Review Status: APPROVED