# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* CS269

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: RETA ARNDT | | | Phone # |
| Mailing Address: HC 60 BOX 598 | | | |
| City: CABLE | State: WI | Zip Code: 54821 | |
| County: Bayfield | Co. Permit # | Notification # | Completed: 07-31-1991 |

| | | | |
|---|---|---|---|
| Well Constructor (Business Name): ROBERT FROEMEL | Lic. #: 4354 | Facility ID # (Public Wells) | |
| Address: RT 5 BOX 5000F<br>HAYWARD WI 54843-8994 | | Well Plan Approval # | |
| | | Approval Date (mm-dd-yyyy) | |
| Hicap Permanent Well # | Common Well # | Specific Capacity | |

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

**1. Well Location**
City of CABLE

Fire # (if avail.)

Street Address or Road Name and Number
PCL #NLS 16.990 HC60 BOX 598

| Subdivision Name | Lot # | Block # |
|---|---|---|
| NAMEKAGON LAKESHORE | 00016 | |

Latitude / Longitude in Decimal Degree (DD) ____°N ____°W
Method Code

| or Govt Lot # | Section | Township | Range |
|---|---|---|---|
| 001 | 13 | 43 N | 6 W |

**2. Well Type** Replacement
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
WELL WAS BROUGHT UP TO CO

Construction Type Driven Point

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

| 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 | |

**8. Geology**

| Geology Codes | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|
| S | SAND | Surface | 21 |

**6. Casing, Liner, Screen** Removed? ____depth ft. (If NO explain on back side)

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 2 | GALVANIZED | Surface | 18 |
| **Dia. (in.)** | **Screen type, material & slot size** | **From (ft.)** | **To (ft.)** |
| 2 | JOHNSON STAINLESS STEEL | 18 | 21 |

**9. Static Water Level**
9 ft. below ground surface

**10. Pump Test**
Pumping level 9 ft. below surface
Pumping at 6 GP for 1.5 Hrs.
Pumping Method ?

**11. Well Is**
24 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

**7. Grout or Other Sealing Material**
Method

**12.** Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| RW | | 08-02-1991 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | |

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

| Type | Qualifier | Distance | Type | Qualifier | Distance |
|---|---|---|---|---|---|
| POWTS dispersal component (soil absorption unit or mound) | | 55 | Sewer - Building Sanitary | | 25 |
| Building Overhang | | 3 | Septic or Holding, or POWTS Tank | | 35 |

Comment:

| Inspection Type | Inspection Date | Inspection Request Date | Problem Noted Text |
|---|---|---|---|
| | | 11/03/1991 | WELL IS NOT DEEP ENOUGH. DRILLER ASKED TO DEEPEN IT. |

Created On: 01-21-1992 Updated On: 01-21-1992 Review Status: