

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 #			1. Well Location				Fire # (if avail.)																					
Mailing Address HC 60 BOX 598								City of CABLE																									
City CABLE					State WI		Zip Code 54821		Street Address or Road Name and Number																								
County Bayfield					Co. Permit #		Notification #		Completed 07-31-1991		PCL #NLS 16.990 HC60 BOX 598																						
Well Constructor (Business Name)					Lic. #		Facility ID # (Public Wells)		Subdivision Name				Lot #		Block #																		
ROBERT FROEMEL					4354				NAMEKAGON LAKESHORE				00016																				
Address RT 5 BOX 5000F HAYWARD WI 54843-8994					Well Plan Approval #		Approval Date (mm-dd-yyyy)		Latitude / Longitude in Decimal Degree (DD)				Method Code																				
									°N		°W																						
Hicap Permanent Well #					Common Well #		Specific Capacity		or Govt Lot # 001		Section 13		Township 43 N		Range 6 W																		
3. Well serves 1 # of					Hicap Well ? No		Hicap Property ? No		2. Well Type Replacement																								
Private, potable					Hicap Potable ?				of previous unique well #				constructed in																				
Heat Exchange ___ # of drillholes									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																																	
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6. Casing, Liner, Screen																																	
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7. Grout or Other Sealing Material																																	
Method																																	
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																																	
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 SourcesIs 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: