Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EM402

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

Form 3300-077A

Property Owner: RICHARD VOUGHT			Phone #
Mailing Address: BOX 909			
City: LAC DU FLAMBEAU	State: WI	Zip Code: 54538	
County: Vilas	Co. Permit #	Notification #	Completed: 04-23-1992

Well Constructor (Business Name): HANSER, WILLIAM J	Lic. #: 3409	Facility ID # (Public Wells)	
Address: PO BOX 397 LAC DU FLAMBEAU WI 54538-0397		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity	

1. Well Location

Town of LAC DU FLAMBEAU				Fire # (if avail.): 3310
Street Address or Road Name and Number: SAND LAKE LODGE LN				
Subdivision Name			Lot #	Block #
Latitude / Longitude in Decimal Degree (DD): 46.0022 °N -89.8444 °W				Method Code: GCD013
NE SW or Govt Lot #	Section: 26	Township: 41 N	Range: 5 E	

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

Reason for replaced or reconstructed well ?
POINT PLUGGED

Construction Type: Driven Point

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	42

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
Removed? ____depth ft. (If NO

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	GALV STEEL ASTMA 589 SAWHILL	Surface	39
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	STAINLESS STEEL 8 SLOT	39	42

7. Grout or Other Sealing Material
Method

8. Geology

9. Static Water Level
28 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No
OWNER WILL DO

13. Constructor / Supervisory Driller	Lic #	Date Signed
BH		04-27-1992
Drill Rig Operator	Lic or Reg #	Date Signed
BH		04-27-1992

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)		60	Shoreline/Pool		100
Building Overhang		2	Septic or Holding, or POWTS Tank		40

Comment:

Created On: 06-03-1992 Updated On: 06-30-2020 Review Status: