Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EM403

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: BILL KAROW	Phone #: (715)356-9130
Mailing Address: 8285 DOOLITTLE RD	
City: MINOCQUA	State: WI — Zip Code: 54548
County: Oneida	Co. Permit #: — Notification #: — Completed: 04-14-1992

1. Well Location

Town of MINOCQUA	Fire # (if avail.): 8285
Street Address or Road Name and Number: DOOLITTLE RD	
Subdivision Name: KAWAGA SHORE DOOLITTLE BANDON	Lot #: 00030 — Block #: 2

NW	NW	Section	Township	Range
or Govt Lot #	009	15	39 N	6 E

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

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:

2. Well Type Replacement — SV966 replaces this well 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

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 explain on back side)	

8. Geology

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	STEEL T@C	Surface	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	7 SLOT STAINLESS STEEL	25	28

7. Grout or Other Sealing Material
Method

9. Static Water Level
15 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?
PULLED

13. Constructor / Supervisory Driller	Lic #	Date Signed
BH		04-14-1992
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
BH		04-14-1992

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		50

Type	Qualifier	Distance
Shoreline/Pool		75
Septic or Holding, or POWTS Tank		40

Comment:

Abandonment Type	Abandonment Date	Procedure	Reason
	07/01/2005	NEAT CEMENT GROUT 0-28'	NOT ENOUGH WATER

Created On: 05-21-1992 Updated On: 07-11-2023 Review Status: