Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EM404

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

Form 3300-077A

Property Owner: TOTEM POLE LODGE			Phone #: (715)686-2297
Mailing Address: HC1 BOX 236			
City: MANITOWISH WATERS	State: WI	Zip Code: 54545	
County: Vilas	Co. Permit #:	Notification #:	Completed: 03-24-1992

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:	

3. Well serves 2 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of WINCHESTER

Fire # (if avail.): C1191

Street Address or Road Name and Number: PAPOOSE LAKE RD

Subdivision Name: MC GINNIS	Lot #: 00025	Block #:

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

SW NE or Govt Lot #	Section: 25	Township: 43 N	Range: 5 E

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

Reason for replaced or reconstructed well ?
NEW HOMES

Construction Type: Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	45

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	SAWHILL R@D ASTMA 589 T@C	Surface	42
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	HSSC STAINLESS STEEL 8 SLOT	42	45

7. Grout or Other Sealing Material
Method

8. Geology

9. Static Water Level
31 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?

13. Constructor / Supervisory Driller	Lic #	Date Signed
BH		03-31-1992
Drill Rig Operator	Lic or Reg #	Date Signed
BH		03-31-1992

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		2	Septic or Holding, or POWTS Tank		50

Comment:

Created On: 04-27-1992 Updated On: 11-30-2009 Review Status: