Well Construction Report
WISCONSIN UNIQUE WELL NUMBER EN105

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

Form 3300-077A

Property Owner: CLETUS MEYERHOFER			Phone #: (414)989-1838
Mailing Address: W4675 HWY 10			
City: MENASHA	State: WI	Zip Code: 54952	
County: Langlade	Co. Permit #:	Notification #:	Completed: 05-15-1992

Well Constructor (Business Name): KOEPPEL, PHILIP J	Lic. #: 667	Facility ID # (Public Wells):	
Address: W6824 RED RIVER RD ANTIGO WI 54409-9051		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity: 3.1	

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

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of N LANGLADE

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #

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

Method Code

NW	NW	Section	Township	Range
or Govt Lot #		5	33 N	13 E

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

Reason for replaced or reconstructed well ?
FAILING POINT

Construction Type Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
5	Surface	52

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

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
Y	SAND @ GRAVEL	Surface	52

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
5	BLACK STEEL 14.62#/FT. .258" A53B WELDED SAWHILL	Surface	49
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
5	STAINLESS JOHNSON #12	49	52

7. Grout or Other Sealing Material
Method

9. Static Water Level
32 ft. below ground surface

10. Pump Test
Pumping level 40 ft. below surface
Pumping at 25 GP for 1 Hrs.
Pumping Method ?

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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes
DONE BY OWNER

13. Constructor / Supervisory Driller	Lic #	Date Signed
PK		05-15-1992
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
PK		

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		80
Building Overhang		9
Wastewater Sump		25
Sewer - Building Sanitary		40
Septic or Holding, or POWTS Tank		50

Comment:

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