Well Construction Report
WISCONSIN UNIQUE WELL NUMBER GG269

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

Property Owner: NUCKOLS, ROBERT	Phone #: ( )798-4990
Mailing Address: 1247 BIRCH RD	
City: HOMEWOOD	State: IL — Zip Code: 60430
County: Oneida	Co. Permit #: — Notification #: — Completed: 10-11-1993
Well Constructor (Business Name): WILLIAM J HANSER	Lic. #: 3409 — Facility ID # (Public Wells): — Well Plan Approval #: — Approval Date (mm-dd-yyyy):
Address: PO BOX 397, LAC DU FLAMBEAU WI 54538-0397	
Hicap Permanent Well #	Common Well # — Specific Capacity

1. Well Location

Town of HAZELHURST — Fire # (if avail.)

Street Address or Road Name and Number: BEAR LK RD

Subdivision Name: BEAR LAKE PL — Lot #: 6 — Block #:

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

or Govt Lot # 001 — Section: 19 — Township: 38 N — Range: 6 E

2. Well Type New Well

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

Construction Type: Driven Point

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.)
2	STEEL ASTMA 589 T@C SAWHILL R @ D	Surface	33
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS 8 SLOT	33	36

9. Static Water Level

22 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP M for _____ Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
BH		10-12-1993
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		50
Building Overhang		21
Shoreline/Pool		10
Septic or Holding, or POWTS Tank		30

Comment:

Created On: 11-08-1993 Updated On: 11-08-1993 Review Status: