Well Construction Report
WISCONSIN UNIQUE WELL NUMBER GG270

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

Form 3300-077A

Property Owner: BORCK, GREG			Phone #: (708)658-9295
Mailing Address: 10106 WILMETTE AVE			
City: ALG	State: IL	Zip Code: 60102	
County: Vilas	Co. Permit #:	Notification #:	Completed: 10-19-1993

1. Well Location

Town of LAC DU FLAMBEAU

Fire # (if avail.): 15037

Street Address or Road Name and Number: 15037 DEER TRL

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
WILLIAM J HANSER	3409	

Latitude / Longitude in Decimal Degree (DD): 45.9267 °N -89.9666 °W

Method Code: GCD013

Address: PO BOX 397
LAC DU FLAMBEAU WI 54538-0397

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

NW NE or Govt Lot #	Section	Township	Range
	27	40 N	4 E

2. Well Type New Well

of previous unique well #

constructed in

Reason for replaced or reconstructed well ?

Hicap Permanent Well #	Common Well #	Specific Capacity

3. Well serves 1 # of HOME

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	ASTMA 589 SAWHILL R @ D T @ C	Surface	36
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	STAINLESS @ SLOT	36	39

9. Static Water Level

11 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		10-19-1993
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Comment:

Created On: 11-19-1993 Updated On: 06-30-2020 Review Status: