Well Construction Report
WISCONSIN UNIQUE WELL NUMBER GG283

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

Form 3300-077A

Property Owner: JOHNSON, DENNIS			Phone #: (715)588-3879
Mailing Address: 12615 ELSIE LAKE LN			
City: LAC DU FLAMBEAU	State: WI	Zip Code: 54538	
County: Vilas	Co. Permit #	Notification #	Completed: 10-06-1993

1. Well Location

Town of LAC DU FLAMBEAU

Fire # (if avail.): 12615

Street Address or Road Name and Number: 12615 ELSIE LAKE LN

Subdivision Name | Lot # | Block #

Well Constructor (Business Name): WILLIAM J HANSER	Lic. #: 3409	Facility ID # (Public Wells)	Latitude / Longitude in Decimal Degree (DD): 46.0035 °N -89.7988 °W
Address: PO BOX 397 LAC DU FLAMBEAU WI 54538-0397		Well Plan Approval #	Method Code: GCD013
		Approval Date (mm-dd-yyyy)	NW SW or Govt Lot #: Section: 30 Township: 41 N Range: 6 E

2. Well Type Replacement

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Hicap Permanent Well #	Common Well #	Specific Capacity

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	WHEATLAND STEEL RED TEC ASTMA 589	Surface	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS STEEL 8 SLOT PT	25	28

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		10-08-1993
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		30

Comment:

Created On: 10-29-1993 Updated On: 06-30-2020 Review Status: