Well Construction Report
WISCONSIN UNIQUE WELL NUMBER HQ736

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

Form 3300-077A

Property Owner: SCHULTZ, BETTY			Phone #
Mailing Address: 515380 HWY 51 S			
City: MANITOWISH WATERS	State: WI	Zip Code: 54545	
County: Vilas	Co. Permit #	Notification #	Completed: 04-14-1994

Well Constructor (Business Name): WILLIAM J HANSER	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	

1. Well Location

Town of MANITOWISH WATERS			Fire # (if avail.): 51538
Street Address or Road Name and Number: 515380 HWY 51 S			
Subdivision Name	Lot #	Block #	
Latitude / Longitude in Decimal Degree (DD) °N °W			Method Code

NE SE or Govt Lot #	Section: 24	Township: 42 N	Range: 5 E

2. Well Type Replacement

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

OLD WELL NOT TO CODE

Construction Type: Driven Point

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

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	LACLEDE ASTMA 589 R@D T@C	Surface	27
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS STEEL 8 SLOT	27	30

9. Static Water Level

17 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		04-14-1994
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		2
Septic or Holding, or POWTS Tank	>	25

Comment:

Created On: 09-09-1994 Updated On: 09-09-1994 Review Status: