Well Construction Report
WISCONSIN UNIQUE WELL NUMBER LC613

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

Form 3300-077A

Property Owner: PETERSON, MARK			Phone #: (414)593-2754
Mailing Address: W2693 BAHERTOWN RD			
City: HELENVILLE	State: WI	Zip Code: 53137	
County: Vilas	Co. Permit #:	Notification #:	Completed: 10-16-1998

1. Well Location

Town of ARBOR VITAE

Fire # (if avail.): 2429

Street Address or Road Name and Number: 2429 PINE ACRES RD

Subdivision Name: | Lot #: | Block #:

Well Constructor (Business Name): HANSER BILL WELL @ PUMP INC	Lic. #: 5897	Facility ID # (Public Wells):	Latitude / Longitude in Decimal Degree (DD): 45.9677 °N -89.7074 °W
			Method Code: GCD013
		Well Plan Approval #:	SE NW or Govt Lot #:	Section: 11	Township: 40 N	Range: 6 E
Address: PO BOX 397 LAC DU FLAMBEAU WI 54538-0397		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

2. Well Type Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?

POINT PLUGGED

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	WHEATLAND ASTMA589 T@D T@C	Surface	37
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS STEEL 8 SLOT	37	40

9. Static Water Level

22 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP 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? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
BH		10-22-1998
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		75
Building Overhang		2	Septic or Holding, or POWTS Tank	>	25

Comment:

Created On: 11-18-1998 Updated On: 06-30-2020 Review Status: