Well Construction Report
WISCONSIN UNIQUE WELL NUMBER LU263

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

Form 3300-077A

Property Owner: PFISTERS FOUR SEASONS			Phone #: (715)542-3717
Mailing Address: 1371 LAKE CONTENT DR			
City: ST GERMAIN	State: WI	Zip Code: 54558	
County: Vilas	Co. Permit #:	Notification #:	Completed: 03-05-1998

Well Constructor (Business Name): JOHN A GABRIEL	Lic. #: 6154	Facility ID # (Public Wells):	
Address: 3860 CHAIN O'LAKES R EAGLE RIVER WI 54521		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

1. Well Location

Town of ST GERMAIN			Fire # (if avail.): 1371
Street Address or Road Name and Number: LAKE CONTENT DR			
Subdivision Name:	Lot #:	Block #:	
Latitude / Longitude in Decimal Degree (DD): 45.91625 °N -89.51488 °W			Method Code: GPS008
SE SE or Govt Lot #:	Section: 29	Township: 40 N	Range: 8 E

2. Well Type Replacement

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?:

Construction Type: Driven Point

3. Well serves 3 # of COTTAGES

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

6. Casing, Liner, Screen — Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	GALV R @ D	Surface	31
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	10 SLOT SS 2X48	31	35

7. Grout or Other Sealing Material

Method

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		Y		SAND GRAVEL	Surface	19
		P		HARD PAN	19	30
		Y		SAND GRAVEL	30	35

9. Static Water Level

6 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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
JAG		03-11-1998
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)		85	Shoreline/Pool		25
			Septic or Holding, or POWTS Tank		65

Comment:

Created On: 06-03-1998 Updated On: 08-23-2022 Review Status: