Well Construction Report
WISCONSIN UNIQUE WELL NUMBER LU268

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

Form 3300-077A

Property Owner: KIMBRELL, JOHN			Phone #
Mailing Address: 263 MAIN ST			
City: SAYNER	State: WI	Zip Code: 54560	
County: Vilas	Co. Permit #	Notification #	Completed: 04-05-2000

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

1. Well Location

Fire # (if avail.): 263				
Town of PLUM LAKE				
Street Address or Road Name and Number: MAIN ST HWY 155				
Subdivision Name	Lot #	Block #		
Latitude / Longitude in Decimal Degree (DD): °N °W			Method Code	
NW SW or Govt Lot #	Section: 32	Township: 41 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 # 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

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	R & D GALV	Surface	52
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	SS 236-60 CAMBELL	52	55

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface		

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		Y		SAND/GRAVEL	Surface	55

9. Static Water Level

40 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		04-05-2000
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)		58	Building Overhang		5
			Septic or Holding, or POWTS Tank		37

Comment:

Created On: 05-16-2000 Updated On: 05-16-2000 Review Status: