Well Construction Report
WISCONSIN UNIQUE WELL NUMBER LU269

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

Form 3300-077A

Property Owner: NEWMAN, MIKE			Phone #: (715)277-5162
Mailing Address: 6388 RIVER RD			
City: RHINELANDER	State: WI	Zip Code: 54501	
County: Oneida	Co. Permit #:	Notification #:	Completed: 04-19-2000

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

Town of PINE LAKE				Fire # (if avail.): 6388
Street Address or Road Name and Number: 6388 RIVER RD				
Subdivision Name:		Lot #:		Block #:
Latitude / Longitude in Decimal Degree (DD): °N °W				Method Code:
SW SW or Govt Lot #:	Section: 3	Township: 37 N	Range: 8 E	

2. Well Type New Well
of previous unique well #: constructed in
Reason for replaced or reconstructed well ?:
Construction Type: Driven Point

3. Well serves 18 # 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	GALVANIZED R & D	Surface	26
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	SS248-60 CAMPBELL	26	30

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	30

9. Static Water Level
14 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

11. Well Is
20 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		04-20-2000
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		2
			Septic or Holding, or POWTS Tank		35

Comment:

Created On: 05-10-2000 Updated On: 05-17-2000 Review Status: