Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MR182

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

Form 3300-077A

Property Owner: KUHLMAN, RHONDA			Phone #
Mailing Address: PO BOX 1693			
City: WOODRUFF	State: WI	Zip Code: 54568	
County: Vilas	Co. Permit #	Notification #	Completed: 10-13-1998

1. Well Location

Town of ARBON VITAE

Fire # (if avail.): AV113

Street Address or Road Name and Number: AV11380 CAROZ DR

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
HANSER BILL WELL @ PUMP INC	5897	

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

Latitude / Longitude in Decimal Degree (DD): 45.92061 °N -89.7161 °W

Method Code: GPS008

NE SE or Govt Lot #	Section	Township	Range
	27	40 N	6 E

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 ASTM 589 R @ D T @ L	Surface	42
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS STEEL 8 SLOT	42	45

9. Static Water Level

24 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?

OWNER WILL DO

13. Constructor / Supervisory Driller	Lic #	Date Signed
BH		10-14-1998
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

Type	Qualifier	Distance
Building Overhang		2
Septic or Holding, or POWTS Tank	>	25

Comment:

Created On: 11-17-1998 Updated On: 08-23-2022 Review Status: