Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MR185

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

Form 3300-077A

Property Owner: KEDROWICZ, RON	Phone #: ( )356-7167
Mailing Address: PO BOX 60	
City: ALMOND	State: WI — Zip Code: 54909
County: Vilas	Co. Permit #: — Notification #: — Completed: 10-20-1998
Well Constructor (Business Name): HANSER BILL WELL @ PUMP INC	Lic. #: 5897 — Facility ID # (Public Wells): — Well Plan Approval #: — Approval Date (mm-dd-yyyy):
Address: PO BOX 397 LAC DU FLAMBEAU WI 54538-0397	
Hicap Permanent Well #: — Common Well #: — Specific Capacity:	

1. Well Location

Town of ARBOR VITAE	Fire # (if avail.): 11158
Street Address or Road Name and Number: 11158 FOX FIRE RD	
Subdivision Name: — Lot #: — Block #: —	
Latitude / Longitude in Decimal Degree (DD): 45.9175 °N -89.6977 °W	Method Code: GCD013
NE SE or Govt Lot #: — Section: 26 — Township: 40 N — Range: 6 E	

2. Well Type Replacement

of previous unique well #: — constructed in: —

Reason for replaced or reconstructed well ?: LOW VOLUME

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	
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 R@D T@C	Surface	69
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS STEEL 8 SLOT	69	72

9. Static Water Level

32 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?

BURIED

13. Constructor / Supervisory Driller	Lic #	Date Signed
BH		10-21-1998
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		100
Building Overhang		2	Septic or Holding, or POWTS Tank	>	25

Comment:

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