Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MR186

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

Form 3300-077A

Property Owner: ISAACSON, MILT			Phone #: (414)639-7067
Mailing Address: 1229 MELVIN AVE			
City: RACINE	State: WI	Zip Code: 53402	
County: Vilas	Co. Permit #:	Notification #:	Completed: 10-20-1998

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

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of ARBON VITAE

Fire # (if avail.):

Street Address or Road Name and Number
FOX FIRE RD

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD): °N °W
Method Code:

NE SE or Govt Lot #	Section	Township	Range
	26	40 N	6 E

2. Well Type Replacement
of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type: Driven Point

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 RED 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? Yes

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		75
Building Overhang		2	Septic or Holding, or POWTS Tank	>	25

Comment:

Created On: 11-17-1998 Updated On: 11-17-1998 Review Status: