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	Co. Permit #	Notification #	Completed
Vilas			10-20-1998

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

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: