Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MW069

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

Form 3300-077A

Property Owner	ZDROIK, HOWARD
Phone #	
Mailing Address	2191 SPRING DR
City	RHINELANDER
State	WI
Zip Code	54501
County	Oneida
Co. Permit #	
Notification #	
Completed	11-11-1998
Well Constructor (Business Name)	NEHLS @ WEBSTER WELL DRILLING
Lic. #	6076
Facility ID # (Public Wells)	
Address	1901 APACHE LN RHINELANDER WI 54501
Well Plan Approval #	
Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	
Common Well #	
Specific Capacity	1.9

1. Well Location

Fire # (if avail.)	2191
Town of STELLA	
Street Address or Road Name and Number	SPRING DR
Subdivision Name	
Lot #	
Block #	
Latitude / Longitude in Decimal Degree (DD)	45.6881 °N -89.1995 °W
Method Code	GCD013
SW SW or Govt Lot #	
Section	13
Township	37 N
Range	10 E

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type Drilled

3. Well serves 1 # of HOME

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

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	41

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

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
	Q	S		CAVING SAND	Surface	20
		S		SAND	20	41

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	PE SAWHILL 18 97 A53	Surface	38
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
6	7 SLOT S S	38	41

9. Static Water Level

25 ft. below ground surface

10. Pump Test

Pumping level 33 ft. below surface

Pumping at 15 GP M for 2 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?

13. Constructor / Supervisory Driller	Lic #	Date Signed
PW		11-18-1998
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
BF		11-17-1998

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)		80	Building Overhang		14
			Septic or Holding, or POWTS Tank		60

Comment:

Created On: 01-07-1999 Updated On: 06-30-2020 Review Status: