Well Construction Report
WISCONSIN UNIQUE WELL NUMBER OK236

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

Form 3300-077A

Property Owner: HARVEY, PAUL			Phone #: (715)282-5450
Mailing Address: 2915 WAUSAU RD			
City: RHINELANDER	State: WI	Zip Code: 54501	
County: Oneida	Co. Permit #:	Notification #:	Completed: 12-18-2001

1. Well Location

Fire # (if avail.): 2915

Village of CRESENT

Street Address or Road Name and Number: 2915 WAUSAU RD

Subdivision Name	Lot #	Block #
CRESENT LAKE SUBDIVISION		

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
KLISS PLBG HTG & SEPTIC SERV INC	6341	

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

Method Code:

Address: 1030 HWY 455
EAGLE RIVER WI 54521

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

NE	SE	Section	Township	Range
or Govt Lot #		18	36 N	8 E

Hicap Permanent Well #	Common Well #	Specific Capacity

2. Well Type Reconstruction

of previous unique well #: constructed in:

Reason for replaced or reconstructed well ?: POOR WATER FLOW

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

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

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
-	-	Y	-	SAND & GRAVEL	Surface	46

6. Casing, Liner, Screen — Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2.5	WHITE WATER PITLAS	Surface	5
2	R&D GALV ASTM 589-F	5	43
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	JOHNSON STAINLESS STEEL 60#	43	46

9. Static Water Level

28 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at 5 GP M for 1 Hrs.

Pumping Method ?

11. Well Is

18 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
POINT	Surface		

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

THERE IS STILL AN OLD WELL ON

13. Constructor / Supervisory Driller	Lic #	Date Signed
LK		02-19-2002
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
LN		12-19-2001

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)		70	Shoreline/Pool	>	300
Building Drain - Sanitary		25	Sewer - Building Sanitary		45
Building Overhang		8	Septic or Holding, or POWTS Tank		40

Comment:

Created On: 04-02-2002 Updated On: 04-02-2002 Review Status: