Well Construction Report
WISCONSIN UNIQUE WELL NUMBER WV655

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: IZIOREK, BILL	Phone #: (218)393-5619
Mailing Address: 1907 N 11TH ST	
City: SUPERIOR	State: WI — Zip Code: 54880

County	Co. Permit #	Notification #	Completed
Douglas		55143690	05-16-2015

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
FRED E SWANSON JR	4438	

Address: SWANSON'S PUMP SERVICE, POPLAR WI 54864

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
Village of LAKE NEBAGAMON

Fire # (if avail.): 7221S

Street Address or Road Name and Number: E LAKE BLVD

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)	Method Code
46.50232 °N -91.69407 °W	GPS008

NW NW or Govt Lot #	Section	Township	Range
	1	46 N	11 W

2. Well Type New Well
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	GALV-STEEL SCH40 ASTM A-53	Surface	28
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	80 GUAZE STAINLESS	25	28

7. Grout or Other Sealing Material

Method

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

9. Static Water Level
7 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

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?
NO OTHER WELLS

13. Constructor / Supervisory Driller	Lic #	Date Signed
FES		
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
Building Drain - Sanitary		50	Shoreline/Pool		43
			Septic or Holding, or POWTS Tank		55

Comment:

Created On: 07-10-2015 Updated On: 07-10-2015 Review Status: