Well Construction Report
WISCONSIN UNIQUE WELL NUMBER WV661

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

Form 3300-077A

Property Owner: CALLAWAY, ALAN	Phone #: (715)392-1529
Mailing Address: PO BOX 93	
City: LAKE NEBAGAMON	State: WI — Zip Code: 54849
County: Douglas	Co. Permit #:
Notification #: 52190772	Completed: 07-12-2014
Well Constructor (Business Name): FRED E SWANSON JR	Lic. #: 4438
Facility ID # (Public Wells):	
Address: SWANSON'S PUMP SERVICE, POPLAR WI 54864	
Well Plan Approval #:	
Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:
Specific Capacity:	

1. Well Location

Village of LAKE NEBAGAMON	Fire # (if avail.): 11055
Street Address or Road Name and Number: E JIM JOHNSON RD	
Subdivision Name:	Lot #: — Block #:
Latitude / Longitude in Decimal Degree (DD): 46.49846 °N -91.72902 °W	Method Code: GPS008
NW NE or Govt Lot #:	Section: 3 — Township: 46 N — Range: 11 W

2. Well Type New Well

of previous unique well #: constructed in

Reason for replaced or reconstructed well ?:

Construction Type: Driven Point

3. Well serves 1 # of

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

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	SCHEDULE 40 GALVANIZED	Surface	59
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	STAINLESS STEEL 80 GUA	59	62

9. Static Water Level

6 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

13 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
	Surface		

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

NO UNSAFE WELLS/ON PROPERTY

13. Constructor / Supervisory Driller	Lic #	Date Signed
FESJ		08-11-2014
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		30	Sewer - Building Sanitary		58
Building Overhang		30	Septic or Holding, or POWTS Tank		58

Comment:

Created On: 09-11-2014 Updated On: 06-25-2020 Review Status: