Well Construction Report
WISCONSIN UNIQUE WELL NUMBER **XN684**

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

Property Owner: VELICER, PAULETTE	Phone #: (715)473-2291
Mailing Address: 2875 TRUMP LAKE RD	
City: WABENO	State: WI — Zip Code: 54566
County: Forest	Co. Permit #:
Notification #: 6591780701	Completed: 10-14-2016
Well Constructor (Business Name): KENNETH DAMA	Lic. #: 3161
Facility ID # (Public Wells):	
Address: 716 MAIN AVE, CRIVITZ WI 54114-7633	
Well Plan Approval #:	
Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:
Specific Capacity:	

1. Well Location

Town of WABENO	Fire # (if avail.): 2875
Street Address or Road Name and Number: TRUMP LAKE RD	
Subdivision Name:	Lot #: 1 — Block #: 4
Latitude / Longitude in Decimal Degree (DD): 45.47867 °N -88.6511 °W	Method Code: GPS008
SW SW or Govt Lot #	Section: 29 — Township: 35 N — Range: 15 E

2. Well Type Replacement
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
NON COMPLIANT
Construction Type: Driven Point

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
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	GALVANIZED STEEL PIPE	Surface	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
2	60 GA	25	28

7. Grout or Other Sealing Material

Method

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

9. Static Water Level
12 ft. below ground surface

10. Pump Test
Pumping level 12 ft. below surface
Pumping at 5 GP M for 1 Hrs.
Pumping Method ?

11. Well Is
24 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
KD		10-14-2016
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

4a. Potential Contamination Sources Is the well located in floodplain ? No

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		60
Building Drain - Sanitary		30
Downspout/Yard Hydrant		25

Type	Qualifier	Distance
Shoreline/Pool		80
Other Contamination Sources		25
Sewer - Building Sanitary		30
Septic or Holding, or POWTS Tank		35

Comment:

Created On: 09-12-2017 Updated On: 06-16-2020 Review Status: