Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ZD626

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

Form 3300-077A

Property Owner: WHITMAN, MARY			Phone #: (715)892-8397
Mailing Address: PO BOX 216			
City: HAZELHURST	State: WI	Zip Code: 54531	
County: Oneida	Co. Permit #:	Notification #:	Completed: 11-30-2018

1. Well Location

Town of HAZELHURST

Fire # (if avail.): 9780

Street Address or Road Name and Number: 9780 SYLVAN SHORES

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
HANSER BILL WELL & PUMP INC	5897	

Address: PO BOX 397, LAC DU FLAMBEAU WI 54538-0397

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

Latitude / Longitude in Decimal Degree (DD): 45.8172 °N -89.7199 °W

Method Code: GPS008

NE	NE	Section	Township	Range
or Govt Lot #		3	38 N	6 E

2. Well Type Reconstruction

of previous unique well # constructed in

Reason for replaced or reconstructed well ?: LOW VOLUME-PRESSURE

Construction Type: Driven Point

Hicap Permanent Well #	Common Well #	Specific Capacity

3. Well serves 1 # of HOME

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ? Yes

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	65

Upper Enlarged Drillhole		Lower Open Bedrock
No	Rotary - Mud Circulation	No
No	Rotary - Air	No
No	Rotary - Air & Foam	No
No	Drill-Through Casing Hammer	
No	Reverse Rotary	
No	Cable-tool Bit ____in. dia...	No
No	Dual Rotary	No
No	Temp. Outer Casing ____in. dia	

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
2	GALV STEEL A53 T&C	Surface	62
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
2	STAINLESS STEEL 10 SLOT	62	65

7. Grout or Other Sealing Material

Method

8. Geology

9. Static Water Level

44 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 ? No

Filled & Sealed Well(s) as needed? No

13. Constructor / Supervisory Driller	Lic #	Date Signed
EH		11-30-2018
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
POWTS dispersal component (soil absorption unit or mound)		50	Septic or Holding, or POWTS Tank		25

Comment:

Created On: 12-14-2018 Updated On: 06-30-2020 Review Status: APPROVED