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
Well Constructor (Business Name)	HANSER BILL WELL & PUMP INC
Lic. #	5897
Facility ID # (Public Wells)	
Address	PO BOX 397 LAC DU FLAMBEAU WI 54538-0397
Well Plan Approval #	
Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	
Common Well #	
Specific Capacity	

1. Well Location

Town of HAZELHURST	Fire # (if avail.) 9780
Street Address or Road Name and Number	9780 SYLVAN SHORES
Subdivision Name	
Lot #	
Block #	
Latitude / Longitude in Decimal Degree (DD)	45.8172 °N -89.7199 °W
Method Code	GPS008
NE NE or Govt Lot #	
Section	3
Township	38 N
Range	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

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