Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ZM306

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

Form 3300-077A

Property Owner	FANNIE MAE, VAZKA, JENNIFER
Phone #	
Mailing Address	131 RANDALL AVE #2
City	RHINELANDER
State	WI
Zip Code	54501

County	Co. Permit #	Notification #	Completed
Vilas		8273177401	01-22-2021

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
HANSER WELL & PUMP LLC	8891	

Address 13345 LUCY LAKE LANE PO BOX 397
LAC DU FLAMBEAU WI 54538

Well Plan Approval #

Approval Date (mm-dd-yyyy)

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 ? No

1. Well Location

Fire # (if avail.) 1237

Town of ARBOR VITAE

Street Address or Road Name and Number
1237 DONALD DR

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)				Method Code
45.9092 °N	-89.7071 °W			GPS008

SE NW or Govt Lot #	Section	Township	Range
	35	40 N	6 E

2. Well Type Replacement
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
OUT OF WATER

Construction Type Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
2	Surface	28

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	A53 GALV STEEL T&C	Surface	25
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)
1.25	836 SS 10 SLOT	25	28

7. Grout or Other Sealing Material

Method

8. Geology

9. Static Water Level
15 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? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
EH	8360	01-22-2021
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: 04-14-2021 Updated On: 10-26-2021 Review Status: APPROVED