Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ZM307

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

Form 3300-077A

Property Owner: KOINICK, RICK			Phone #
Mailing Address: 1802 BURR ST			
City: MAPLE WOOD	State: MN	Zip Code: 55117	
County: Vilas	Co. Permit #	Notification #	Completed: 03-24-2021

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

1. Well Location

Town of ARBOR VITAE

Fire # (if avail.)

Street Address or Road Name and Number: KEL ROBIN LN

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)			Method Code
45.9014 °N	-89.7076 °W		GPS008

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

2. Well Type Reconstruction

of previous unique well # constructed in

Reason for replaced or reconstructed well ?: OUT OF WATER

Construction Type: Driven Point

3. Well serves 1 # of HOME

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ? No

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

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

7. Grout or Other Sealing Material

Method

8. Geology

9. Static Water Level

12 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	8360	03-25-2021
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: 10-19-2021 Review Status: APPROVED