Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BL419

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

Form 3300-077A

Property Owner: BERNARD SZEWS	Phone #
Mailing Address: N4090 HWY 51	
City: MERRILL	State: WI / Zip Code
County: Lincoln	Co. Permit # / Notification # / Completed: 11-16-1987
Well Constructor (Business Name): JAMES HORNUNG - HORNUNG WELL & PUMP CO.	Lic # / Facility ID # (Public Wells)
Address	Well Plan Approval # / Approval Date (mm-dd-yyyy)
Hicap Permanent Well # / Common Well #	Specific Capacity: 6.7
3. Well serves # of Home	Hicap Well ?
Private,potable	Hicap Property ?
Heat Exchange____# of drillholes	Hicap Potable ?

1. Well Location

Town of MERRILL	Fire # (if avail.): N4090
Street Address or Road Name and Number: HWY 51	
Subdivision Name / Lot # / Block #	
Latitude / Longitude in Decimal Degree (DD) °N °W / Method Code	
NW NE or Govt Lot # / Section: 18 / Township: 32 N / Range: 7 E	

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	40

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia
  Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
Y	Sand & Gravel	Surface	40

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	6.625 x .280 18.97 lbs. A53 N.K.K. Welded	Surface	37
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

15 ft. _____ ground surface

10. Pump Test

Pumping level 18 ft. below surface

Pumping at 20 GP for 1 Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ?

Disinfected ?

Capped ?

7. Grout or Other Sealing Material

Method

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

4a. Potential Contamination Sources Is the well located in floodplain ?

Comment:

Created On: 01-01-1960 Updated On: 10-15-2026 Review Status: