Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BL526

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

Form 3300-077A

Property Owner: RALPH JUEDES | Phone #:

Mailing Address: 6313 HUNT ST.

City: SCHOFIELD | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Lincoln			07-15-1987

1. Well Location

Town of TOMAHAWK

Fire # (if avail.):

Street Address or Road Name and Number:

Subdivision Name: | Lot #: | Block #:

Well Constructor (Business Name): RON KOMAREK - KOMAREK WELL DRILLING | Lic. #: | Facility ID # (Public Wells):

Latitude / Longitude in Decimal Degree (DD): °N °W | Method Code:

SE	SE	Section	Township	Range
or Govt Lot #		3	34 N	5 E

Well Plan Approval #:

Address:

Approval Date (mm-dd-yyyy):

2. Well Type New Well

of previous unique well #: constructed in

Hicap Permanent Well #: | Common Well #: | Specific Capacity: 1.3

Reason for replaced or reconstructed well ?

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	49

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- 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	49

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Taiwan YH ASTMA 120 18.97 welded joints	Surface	49
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

28 ft. _____ ground surface

10. Pump Test

Pumping level 40 ft. below surface

Pumping at 15 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: