

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				8BL536		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner KURT MUEHL					Phone #		1. Well Location				Fire # (if avail.)				
Mailing Address RT					Town of TOMAHAWK		Street Address or Road Name and Number								
City TOMAHAWK				State WI		Zip Code		Subdivision Name				Lot #		Block #	
County Lincoln		Co. Permit #		Notification #		Completed 07-05-1983		Latitude / Longitude in Decimal Degree (DD)				Method Code			
Well Constructor (Business Name) RON KOMAREK				Lic. #		Facility ID # (Public Wells)		°N °W				NE Section Township Range			
Address				Well Plan Approval #		or Govt Lot #		9 34 N 5 E		2. Well Type New Well					
Hicap Permanent Well #				Common Well #		Specific Capacity		of previous unique well # constructed in							
3. Well serves # of Home				Hicap Well ?		Reason for replaced or reconstructed well ?									
Private, potable				Hicap Property ?		Construction Type									
Heat Exchange ____ # of drillholes				Hicap Potable ?		Reason for replaced or reconstructed well ?									
4. Potential Contamination Sources - ON REVERSE SIDE															
5. Drillhole Dimensions and Construction Method															
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole				Lower Open Bedrock					
6		Surface		80		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				80		Y					
6. Casing, Liner, Screen															
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level					
6		19.45#/ft. ASTM A120 1200 PSI VSP Threaded & Coupled				Surface		80		20 ft. ____ ground surface					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		10. Pump Test					
Pumping level 40 ft. below surface		Pumping at 20 GP for 12 Hrs.				Pumping Method ?				11. Well Is					
Developed ?		Disinfected ?				Capped ?				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		7. Grout or Other Sealing Material				Method		13. Constructor / Supervisory Driller					
Method		13. Constructor / Supervisory Driller				Lic #		Date Signed		Drill Rig Operator					
Lic or Reg #		Date Signed		7. Grout or Other Sealing Material				Method		13. Constructor / Supervisory Driller					
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Method		13													

4a. Potential Contamination Sources

Is the well located in floodplain ?

Comment:

Created On: 01-01-1960

Updated On: 04-06-2021

Review Status: