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 #
Mailing Address: RT			
City: TOMAHAWK	State: WI	Zip Code	
County: Lincoln	Co. Permit #	Notification #	Completed: 07-05-1983
Well Constructor (Business Name): RON KOMAREK	Lic #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 1	

1. Well Location

Town of TOMAHAWK

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #

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

Method Code

or Govt Lot #	NE	Section: 9	Township: 34 N	Range: 5 E

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	80

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	80

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	19.45#/ft. ASTM A120 1200 PSI VSP Threaded & Coupled	Surface	80
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

20 ft. _____ ground surface

10. Pump Test

Pumping level 40 ft. below surface

Pumping at 20 GP for 12 Hrs.

Pumping Method ?

11. Well Is

8 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: