Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BL554

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

Form 3300-077A

Property Owner: COL. AL SPLETTSTOEZER | Phone #:

Mailing Address: NO 7292 SPLETTSTOEZER RD

City: TOMAHAWK | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Lincoln			12-14-1986

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

3. Well serves # of Home
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?

1. Well Location
Town of BRADLEY
Fire # (if avail.)
Street Address or Road Name and Number
Subdivision Name | Lot # | Block #
Latitude / Longitude in Decimal Degree (DD) °N °W | Method Code

NW or Govt Lot #	NW	Section	Township	Range
		5	34 N	6 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.)
10	Surface	20
6	20	30

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.)
		X	M	silty sand some clay	Surface	26
		S		Sand	26	30

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	ASTM A120 19.45# VSP 1200# Threaded & Coupled	Surface	30
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
15 ft. _____ ground surface

10. Pump Test
Pumping level 20 ft. below surface
Pumping at 15 GP for 20 Hrs.
Pumping Method ?

11. Well Is
10 in. above grade
Developed ?
Disinfected ?
Capped ?

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
Drilling Mud and Cuttings	Surface	20	

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: 04-06-2021 Review Status: