Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BL652

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

Form 3300-077A

Property Owner: FRANK PAWLOWSKI | Phone #:

Mailing Address: W 7810 SOMO DAM RD

City: TOMAHAWK | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Lincoln			09-23-1987

Well Constructor (Business Name): RON KOMAREK - KOMAREK WELL DRILLING | 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 WILSON

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 SE or Govt Lot # | Section: 23 | Township: 35 N | Range: 5 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	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	50
Q	Granite	50	80

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	ASTMA 120 19.45 - 1200 VSP Threaded & Coupled	Surface	80

Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

18 ft. _____ ground surface

10. Pump Test

Pumping level 50 ft. below surface

Pumping at 8 GP for 20 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: 04-06-2021 Review Status: