Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BL663

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

Form 3300-077A

Property Owner: JAMES FOSTER | Phone #:

Mailing Address: N11730 ACORN RD.

City: TOMAHAWK | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Lincoln			10-08-1986

1. Well Location

Town of BRADLEY

Fire # (if avail.):

Street Address or Road Name and Number:

Subdivision Name: | Lot #: | Block #:

Well Constructor (Business Name): BRAD WEBSTER - RHINELANDER WELL DRILLING | Lic. #: | Facility ID # (Public Wells):

Address:

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

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

	SE	SE	Section	Township	Range
or Govt Lot #	4	2		35 N	6 E

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Hicap Permanent Well # | Common Well # | Specific Capacity: 1.9

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	50

Upper Enlarged Drillhole / Lower Open Bedrock

Yes 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.)
Q S	Caving Sand	Surface	50

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Black Iron Pipe ASTM A120 Plain End US Steel 18.97 lbs/ft. Welded	Surface	47
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

34 ft. _____ ground surface

10. Pump Test

Pumping level 42 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: