Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BL939

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

Form 3300-077A

Property Owner: WALTER A. BONKE JR.	Phone #
Mailing Address: 802 CHIPPEWA ST.	
City: MERRILL	State: WI / Zip Code
County: Lincoln	Co. Permit # / Notification # / Completed: 09-28-1972
Well Constructor (Business Name): JOE B. FISCHER	Lic # / Facility ID # (Public Wells)
Address	Well Plan Approval # / Approval Date (mm-dd-yyyy)
Hicap Permanent Well # / Common Well #	Specific Capacity: 2.5

1. Well Location

Town of MERRILL

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
		1	31 N	6 E

2. Well Type

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	78

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.)
P	Hardpan	Surface	6
S	Sand	6	8
P	Hardpan	8	32
S	Sand	32	75
G	Gravel	75	78

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Black Steel 19.45#	Surface	80
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

34 ft. _____ ground surface

10. Pump Test

Pumping level 38 ft. below surface

Pumping at 10 GP for 2 Hrs.

Pumping Method ?

11. Well Is

24 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: