Well Construction Report
WISCONSIN UNIQUE WELL NUMBER **8BM195**

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: WALTER PREY	Phone #
Mailing Address: RFD 3	
City: MERRILL	State: WI / Zip Code
County: Lincoln	Co. Permit # / Notification # / Completed: 08-02-1949
Well Constructor (Business Name): WALLACE PAQUE	Lic. # / Facility ID # (Public Wells)
Address	Well Plan Approval # / Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well # / Specific Capacity

1. Well Location

Town of MERRILL	Fire # (if avail.)
Street Address or Road Name and Number: STH 17	
Subdivision Name	Lot # / Block #
Latitude / Longitude in Decimal Degree (DD): °N °W	Method Code

SW or Govt Lot #	Section	Township	Range
	5	31 N	7 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	45

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	30
		U		Mud & Soft Rock	30	40
				Rock	40	45

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Standard Pipe	Surface	40
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**

7. Grout or Other Sealing Material

Method

9. Static Water Level

2 ft. _____ ground surface

10. Pump Test

Pumping level 25 ft. below surface

Pumping at 0.5 GP for 2 Hrs.

Pumping Method ?

11. Well Is

0 in. _____ grade

Developed ?

Disinfected ?

Capped ?

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: 07-28-2026 Review Status: