Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BM364

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

Form 3300-077A

Property Owner: GOLDBACH CORP.
Phone #:
Mailing Address:
City: MARATHON
State: WI
Zip Code:
County: Lincoln
Co. Permit #:
Notification #:
Completed: 06-15-1979

1. Well Location
Town of PINE RIVER
Fire # (if avail.)
Street Address or Road Name and Number:
Subdivision Name: G. H. MAJESTIC PINES
Lot #: 2
Block #:

Well Constructor (Business Name): HUBERT J. LANG - LANG WELL DRILLING CO.
Lic. #:
Facility ID # (Public Wells):
Address:
Well Plan Approval #:
Approval Date (mm-dd-yyyy):

Latitude / Longitude in Decimal Degree (DD): °N °W
Method Code:
or Govt Lot #: NW Section: 29 Township: 31 N Range: 7 E

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

2. Well Type
of previous unique well #
constructed in
Reason for replaced or reconstructed well ?

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	63

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes 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	63

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	19.45# ASTM A53 GR B USS Threaded & Coupled	Surface	60
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
35 ft. _____ ground surface

10. Pump Test
Pumping level 40 ft. below surface
Pumping at 30 GP for 2 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: 06-30-2022 Review Status: