Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BM817

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

Form 3300-077A

Property Owner: NORMAN JACOBSON
Phone #:
Mailing Address:
City: IRMA
State: WI
Zip Code:
County: Lincoln
Co. Permit #:
Notification #:
Completed: 11-13-1978

1. Well Location
Town of BIRCH
Fire # (if avail.)
Street Address or Road Name and Number
Subdivision Name
Lot #
Block #
Latitude / Longitude in Decimal Degree (DD)
°N °W
Method Code
SE SW or Govt Lot #
Section: 7
Township: 33 N
Range: 7 E

Well Constructor (Business Name): ROBERT WEBSTER - RHINELANDER WELL DRILLING
Lic. #
Facility ID # (Public Wells)
Address
Well Plan Approval #
Approval Date (mm-dd-yyyy)

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

Hicap Permanent Well #
Common Well #
Specific Capacity: 0.2

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	161

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Yes — 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	Z		Gravel & Clay Caving	Surface	60
K		Q		Red & Black Granite	60	161

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	New Black Steel 19.45# A53 US Steel Threaded & Coupled	Surface	60
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
34 ft. _____ ground surface

10. Pump Test
Pumping level 160 ft. below surface
Pumping at 30 GP for 2 Hrs.
Pumping Method ?

11. Well Is
18 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: