

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				8BN159		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner EUGENE SWAN					Phone #		1. Well Location				Fire # (if avail.)								
Mailing Address ROUTE 1					Town of BRADLEY					Street Address or Road Name and Number									
City TOMAHAWK			State WI		Zip Code														
County Lincoln		Co. Permit #		Notification #		Completed 07-24-1967		Subdivision Name			Lot #		Block #						
Well Constructor (Business Name) HOWARD HETZEL				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)			Method Code								
Address				Well Plan Approval #		Approval Date (mm-dd-yyyy)		°N		°W		Range							
								NW		Section 13				Township 34 N					
Hicap Permanent Well #		Common Well #		Specific Capacity		2. Well Type New Well													
3. Well serves # of Home Private, potable Heat Exchange ___ # of drillholes								Hicap Well ?		Reason for replaced or reconstructed well ?									
								Hicap Property ?											
Hicap Potable ?								Construction Type											
								4. Potential Contamination Sources - ON REVERSE SIDE											
5. Drillhole Dimensions and Construction Method												8. Geology							
Dia. (in.) From (ft.) To (ft.)			Upper Enlarged Drillhole					Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.) To (ft.)					
10 Surface 25			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)					N Y		Sand & Fine Gravel		Surface		32					
6 25 101								N X		Clay & Fine Sand		32		90					
								Y		Sand & Gravel		90		101					
6. Casing, Liner, Screen												9. Static Water Level				11. Well Is			
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		26 ft. _____ ground surface				20 in. above grade Developed ? Disinfected ? Capped ?					
6		Black Steel 19.45# Threaded & Coupled				Surface		101		10. Pump Test									
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 50 ft. below surface Pumping at 10 GP for 4 Hrs. Pumping Method ?									
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ?							
Method												Filled & Sealed Well(s) as needed?							
Kind of Sealing Material		From (ft.)		To (ft.)		# Sacks Cement													
Drilling Mud and Cuttings		Surface		25															
												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: 04-06-2021

Review Status: