Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BN681

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

Property Owner: MR. ALBERT BOOTZ	Phone #
Mailing Address: LILY LAKE ROAD	
City: TOMAHAWK	State: WI / Zip Code
County: Lincoln	Co. Permit # / Notification # / Completed: 04-21-1978
Well Constructor (Business Name): BRADLEY WEBSTER - RHINELANDER WELL DRILLING	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 KING
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	NW	Section	Township	Range
or Govt Lot #		17	35 N	7 E

2. Well Type New Well
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	74

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.)
	Q	Y		Sand & Gravel Caving	Surface	74

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	New Black Steel A53 US Steel 19.45# Threaded & Coupled	Surface	71
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
63 ft. _____ ground surface

10. Pump Test
Pumping level 65 ft. below surface
Pumping at 15 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: 04-06-2021 Review Status: