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: 7.5

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 or Govt Lot # — Section: 17 — Township: 35 N — Range: 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: 10-15-2026 Review Status: