Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8FV837

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

Form 3300-077A

Property Owner: TILLER NELSON | Phone #:

Mailing Address:

City: OGEMA | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Price			10-21-1959

Well Constructor (Business Name): WILLIAM HEINLEIN & SONS | Lic. # | Facility ID # (Public Wells)

Address | Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well # | Common Well # | Specific Capacity

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

1. Well Location

Town of OGEMA

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name | Lot # | Block #

Latitude / Longitude in Decimal Degree (DD) °N °W | Method Code

or Govt Lot #	Section	Township	Range
	12	34 N	1 E

2. Well Type

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
5	Surface	112

Upper Enlarged Drillhole / Lower Open Bedrock

- 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)

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		I		Top Dirt	Surface	2
	S	P		Soft Hardpan	2	100
		S		Sand	100	110
		G		Gravel	110	112

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
5	Standard Steel 15 lbs.	Surface	112
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material

Method

9. Static Water Level

_____ ft. _____ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

13 in. above grade

Developed ?

Disinfected ?

Capped ?

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: 08-16-2022 Review Status: