Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8FW505

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

Form 3300-077A

Property Owner: ROBERT P. JOYCE			Phone #
Mailing Address: UNKNOWN			
City: PRENTICE	State: WI	Zip Code: 54556	
County: Price	Co. Permit #	Notification #	Completed: 07-01-1987

Well Constructor (Business Name): RONALD KOMAREK - KOMAREK WELL DRILLING	Lic. #: 610	Facility ID # (Public Wells)	
Address: RT 2 WESTBORO WI 54490		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 0.4	

1. Well Location

Town of PRENTICE					Fire # (if avail.): N4386
Street Address or Road Name and Number: BEAUMONT RD.					
Subdivision Name			Lot #		Block #
Latitude / Longitude in Decimal Degree (DD): 45.5328 °N -90.37187 °W					Method Code: GPS008
SW NW or Govt Lot #		Section: 9	Township: 35 N		Range: 1 E

2. Well Type

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 ? No

Hicap Property ? No

Hicap Potable ? No

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	20

Upper Enlarged Drillhole		Lower Open Bedrock
No	Rotary - Mud Circulation	No
No	Rotary - Air	No
No	Rotary - Air & Foam	No
No	Drill-Through Casing Hammer	
No	Reverse Rotary	
No	Cable-tool Bit ____in. dia...	No
No	Dual Rotary	No
No	Temp. Outer Casing ____in. dia	
No	Removed? ____depth ft. (If NO explain on back side)	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
	HARDPAN - GRAVEL	Surface	60
	SAND - GRAVEL	60	62

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	18.97#/FT. ASTM A120 .280 WALL TAIWAN YH WELDED JOINTS	Surface	62
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

15 ft. _____ ground surface

10. Pump Test

Pumping level 40 ft. below surface

Pumping at 10 GP M for 1 Hrs.

Pumping Method ?

11. Well Is

8 in. above grade

Developed ? No

Disinfected ? No

Capped ? No

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
CLAY SLURRY	Surface	20	

12. Notified Owner of need to fill & seal ? No

Filled & Sealed Well(s) as needed? No

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 ? No

Comment:

Created On: 01-01-1960 Updated On: 10-15-2026 Review Status: