Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8FW511

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

Form 3300-077A

Property Owner: LAWRENCE NELSON	Phone #
Mailing Address: RR 1	
City: OGEMA	State: WI / Zip Code
County: Price	Co. Permit # / Notification # / Completed: 11-02-1987
Well Constructor (Business Name): RONALD KOMAREK - KOMAREK WELL	Lic. # / Facility ID # (Public Wells)
Address	Well Plan Approval # / Approval Date (mm-dd-yyyy)
Hicap Permanent Well # / Common Well #	Specific Capacity: 0.4

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.): N2559
Street Address or Road Name and Number: STH 13
Subdivision Name / Lot # / Block #
Latitude / Longitude in Decimal Degree (DD): 45.46804 °N -90.31142 °W
Method Code: GPS008
SE SE or Govt Lot # / Section: 35 / Township: 35 N / Range: 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.)
10	Surface	20
6	20	105

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.)
P	Hardpan	Surface	100
Y	Sand - Gravel	100	105

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	105
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
32 ft. _____ ground surface

10. Pump Test
Pumping level 85 ft. below surface
Pumping at 20 GP for 2 Hrs.
Pumping Method ?

11. Well Is
18 in. above grade
Developed ?
Disinfected ?
Capped ?

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
Drilling Mud and Cuttings	Surface	20	

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: