Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8FW518

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

Form 3300-077A

Property Owner: RALPH MEYE			Phone #
Mailing Address: RT. 1			
City: OGEMA	State: WI	Zip Code	
County: Price	Co. Permit #	Notification #	Completed: 10-06-1987

1. Well Location

Town of PRENTICE

Fire # (if avail.)

Street Address or Road Name and Number: OGEMA PRENTICE RD.

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
RONALD KOMAREK - KOMAREK WELL DRILLING		

Latitude / Longitude in Decimal Degree (DD): 45.47563 °N -90.28859 °W

Method Code: GPS008

Well Plan Approval #

Address

Approval Date (mm-dd-yyyy)

SW	NW	Section	Township	Range
or Govt Lot #		31	35 N	2 E

2. Well Type

of previous unique well # constructed in

Hicap Permanent Well #	Common Well #	Specific Capacity
		1

Reason for replaced or reconstructed well ?

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	40
6	40	60

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	57
S	Sand	57	60

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 Welded Joints	Surface	60
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

35 ft. _____ ground surface

10. Pump Test

Pumping level 50 ft. below surface

Pumping at 15 GP for 2 Hrs.

Pumping Method ?

11. Well Is

10 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	40	

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: