Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8FW702

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

Form 3300-077A

Property Owner: JAN H. JANSSEN			Phone #
Mailing Address: R. R. 3			
City: PHILLIPS	State: WI	Zip Code	
County: Price	Co. Permit #	Notification #	Completed: 06-19-1959

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 EMERY			Fire # (if avail.): N8727
Street Address or Road Name and Number: CTH H			
Subdivision Name	Lot #	Block #	
Latitude / Longitude in Decimal Degree (DD): 45.69419 °N -90.22912 °W			Method Code: GPS008

SE	NE	Section	Township	Range
or Govt Lot #		16	37 N	2 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	86

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	Topsoil	Surface	4
C	Clay	4	84
G	Gravel	84	86

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
5	Steel	Surface	86
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material
Method

9. Static Water Level
20 ft. _____ ground surface

10. Pump Test
Pumping level 32 ft. below surface
Pumping at 10 GP for 5 Hrs.
Pumping Method ?

11. Well Is
12 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: 07-28-2026 Review Status: