

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				8FX547		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A				
Property Owner BERNARD SCHMITT					Phone #		1. Well Location Fire # (if avail.) N8956							
Mailing Address RR 1 BOX 79														
City CASCADE			State WI		Zip Code		Town of ELK Street Address or Road Name and Number E ISLAND LAKE RD							
County		Co. Permit #		Notification #		Completed		Subdivision Name			Lot #		Block #	
Price						12-03-1987		LUEDEERS			4			
Well Constructor (Business Name)				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)			Method Code			
RONALD KOMAREK								°N °W						
Address				Well Plan Approval #		SE SW		Section		Township		Range		
				Approval Date (mm-dd-yyyy)		or Govt Lot #		12		37 N		2 W		
Hicap Permanent Well #		Common Well #		Specific Capacity		2. Well Type of previous unique well # constructed in 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.)		Upper Enlarged Drillhole				Lower Open Bedrock				
6		Surface		52										
						Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam <u>Yes</u> 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.)				
		S Sand						Surface		52				
6. Casing, Liner, Screen														
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level 10 ft. _____ ground surface				
6		ASTM A120 .280 x 21' Taiwan YH Welded Joints				Surface		52		10. Pump Test Pumping level 40 ft. below surface Pumping at 9 GP for 1 Hrs. Pumping Method ?				
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		11. Well Is 18 in. above grade Developed ? Disinfected ? Capped ?				
7. Grout or Other Sealing Material Method														
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: