Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8MY168

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: HOWARD SEEBURGER	Phone #
Mailing Address: NO 2	
City: PHILLIPS	State: WI / Zip Code
County: Price	Co. Permit # / Notification # / Completed: 05-17-1943
Well Constructor (Business Name): CHRIS BRUNNER	Lic. # / Facility ID # (Public Wells)
Address	Well Plan Approval # / Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well # / Specific Capacity

1. Well Location

Town of ELK	Fire # (if avail.): W7396
Street Address or Road Name and Number: S LONG LAKE RD	
Subdivision Name	Lot # / Block #
Latitude / Longitude in Decimal Degree (DD): °N °W	Method Code

NE	NE	Section	Township	Range
or Govt Lot # 5		13	37 N	1 W

2. Well Type

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type

3. Well serves # of Restaurant / Bar

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
5	Surface	54

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.)
		S		Sand	Surface	50
		Y		Sand & Gravel	50	54

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
5	Standard Pipe with Steel Shoe	Surface	54
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**

9. Static Water Level

24 ft. _____ ground surface

10. Pump Test

Pumping level 29 ft. below surface

Pumping at 6 GP for 3 Hrs.

Pumping Method ?

11. Well Is

12 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: