Well Construction Report
WISCONSIN UNIQUE WELL NUMBER FJ601

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

Form 3300-077A

Property Owner: DENNIS NASS	Phone #: (715)536-3065
Mailing Address: N471 SCOTT RD	
City: MERRILL	State: WI — Zip Code: 54452
County: Lincoln	Co. Permit #: — Notification #: — Completed: 06-01-1992
Well Constructor (Business Name): BRUNNER, WILLIAM D	Lic. #: 515 — Facility ID # (Public Wells):
Address: 303 S 8TH, MEDFORD WI 54451-1904	Well Plan Approval #: — Approval Date (mm-dd-yyyy):
Hicap Permanent Well #:	Common Well #: — Specific Capacity: 0

1. Well Location

Town of SCOTT

Fire # (if avail.):

Street Address or Road Name and Number:

Subdivision Name: — Lot #: — Block #:

Latitude / Longitude in Decimal Degree (DD): °N °W — Method Code:

NE	NE	Section	Township	Range
or Govt Lot #		33	31 N	6 E

2. Well Type Reconstruction

of previous unique well #: — constructed in:

Reason for replaced or reconstructed well ?

SHORT OF WATER

Construction Type: Drilled

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	100
6	100	250

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.)
	EXISTING	Surface	100
Q	GRANITE	100	250

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	STEEL PIPE	Surface	40
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

10 ft. below ground surface

10. Pump Test

Pumping level 225 ft. below surface

Pumping at 2 GP for 2 Hrs.

Pumping Method ?

11. Well Is

18 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

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
WDB		06-06-1992
Drill Rig Operator	Lic or Reg #	Date Signed

4a. Potential Contamination Sources Is the well located in floodplain ? No

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		35	Sewer - Building Sanitary		45
			Septic or Holding, or POWTS Tank		50

Comment: 90-500 111-1200 132-1200 153-1200 174-1200 196-1200 217-1500

Rehab Type	Rehab Date	Result Text
Hydrofracture		YIELD BEFORE 0 PRESSURE AT PACKER SETTINGS SEE DRILLING NOTES OTHER

Created On: 06-29-1992 Updated On: 10-15-2026 Review Status: