

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				HA055		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A				
Property Owner SHOULD BE HK055						Phone # (715)536-6067		1. Well Location				Fire # (if avail.)		
Mailing Address 401 CTH F						Town of HAMBURG						Street Address or Road Name and Number		
City HAMBURG				State WI		Zip Code 54411								
County Marathon		Co. Permit #		Notification #		Completed 01-01-1994		Subdivision Name			Lot #		Block #	
Well Constructor (Business Name) BRUNNER				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)			Method Code			
Address				Well Plan Approval #		NE NW Section Township Range or Govt Lot # 14 30 N 5 E		2. Well Type of previous unique well # constructed in Reason for replaced or reconstructed well ?						
				Approval Date (mm-dd-yyyy)										
Hicap Permanent Well #		Common Well #		Specific Capacity		Construction Type								
3. Well serves # of 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						8. Geology								
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)						20 ft. _____ ground surface								
6. Casing, Liner, Screen						9. Static Water Level			11. Well Is					
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		_____ in. _____ Grade				
6		Surface				From (ft.)		To (ft.)		Developed ? Disinfected ? Capped ?				
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?				
7. Grout or Other Sealing Material Method						10. Pump Test Pumping level _____ ft. below surface Pumping at _____ GP for _____ Hrs. Pumping Method ?								
Method						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: 12-03-2021

Updated On: 12-04-2021

Review Status: APPROVED

Note: This well was inventoried. A well construction report was not submitted.

Well Depth: 200'

Bedrock Depth: