Well Construction Report
WISCONSIN UNIQUE WELL NUMBER KK316

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

Form 3300-077A

Property Owner: HOWLAND, JOHN			Phone #: (715)536-6784
Mailing Address: N2542 HWY K			
City: MERRILL	State: WI	Zip Code: 54452	
County: Lincoln	Co. Permit #:	Notification #:	Completed: 10-02-1995

Well Constructor (Business Name): JAMES A HORNUNG	Lic. #: 695	Facility ID # (Public Wells):	
Address: W4014 ALPINE AVE MERRILL WI 54452-9064		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity: 5	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of MERRILL

Fire # (if avail.): N2530

Street Address or Road Name and Number: N2530 HWY K

Subdivision Name	Lot #	Block #

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

SW SW or Govt Lot #	Section: 36	Township: 32 N	Range: 6 E

2. Well Type Replacement
of previous unique well # constructed in

Reason for replaced or reconstructed well ?
POINT

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	40

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.)
Y	SAND GRAVEL	Surface	40

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	6 625 ASTM A 53 B WELDED SAWHILL 280 18 97	Surface	37
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
5.5	015 JOHNSON S S	37	40

7. Grout or Other Sealing Material
Method NONE

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
NONE	Surface	0	

9. Static Water Level
27 ft. below ground surface

10. Pump Test
Pumping level 30 ft. below surface
Pumping at 15 GP M for 1 Hrs.
Pumping Method ?

11. Well Is
18 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No
PUMP INSTALLER WILL

13. Constructor / Supervisory Driller	Lic #	Date Signed
JH		10-05-1995
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		60
Building Overhang		20

Type	Qualifier	Distance
Sewer - Building Sanitary		20
Septic or Holding, or POWTS Tank		30

Comment:

Created On: 01-03-1996 Updated On: 01-03-1996 Review Status: