

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				WH626		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner JACOBSON, JODY						Phone # (715)374-2588		1. Well Location				Fire # (if avail.)							
Mailing Address 6757 S CARLSON RD						Town of LAKE NEBAGAMON						6757							
City LAKE NEBAGAMON						State WI		Zip Code 54849				Street Address or Road Name and Number CARLSON RD							
County Douglas		Co. Permit #		Notification # 32107416		Completed 08-30-2008		Subdivision Name				Lot #		Block #					
Well Constructor (Business Name) PEPPER R CRAFT				Lic. # 6808		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 46.5188 °N -91.7563 °W				Method Code GCD013					
Address PO BOX 145 LAKE NEBAGAMON WI 54849				Well Plan Approval #				SE SW		Section 28		Township 47 N		Range 11 W					
				Approval Date (mm-dd-yyyy)				or Govt Lot #											
Hicap Permanent Well #				Common Well #		Specific Capacity 0.1				2. Well Type New Well									
Heat Exchange ___ # of drillholes				Hicap Well ? No Hicap Property ? No Hicap Potable ?				Reason for replaced or reconstructed well ?											
								Construction Type Drilled											
4. Potential Contamination Sources - ON REVERSE SIDE																			
5. Drillhole Dimensions and Construction Method														8. Geology					
Dia. (in.) From (ft.) To (ft.)			Upper Enlarged Drillhole				Lower Open Bedrock				Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.) To (ft.)				
9 Surface 58			<u>Yes</u> Rotary - Mud Circulation				<u>No</u>				T M Y -		Tan/Brown, Medium, Sand & Gravel		Surface 26				
6 58 310			<u>No</u> Rotary - Air				<u>Yes</u>				R H P -		Red, Hard/Firm, Hardpan		26 40				
			<u>No</u> Rotary - Air & Foam				<u>No</u>				T H Y P		Tan/Brown, Hard/Firm, Sand & Gravel, w/Hardpan		40 58				
			<u>No</u> Drill-Through Casing Hammer								R H B -		Red, Hard/Firm, Basalt or Trap Rock		58 310				
			<u>No</u> Reverse Rotary																
			<u>No</u> Cable-tool Bit ___ in. dia...				<u>No</u>												
			<u>No</u> Dual Rotary																
			<u>No</u> Temp. Outer Casing ___ in. dia																
			<u>No</u> Removed? ___ depth ft. (If NO explain on back side)																
6. Casing, Liner, Screen														9. Static Water Level				11. Well Is	
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		8 ft. below ground surface				28 in. above grade					
6		Plainend IPSCO A 53 B				Surface		58		10. Pump Test				Developed ? Yes					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 100 ft. below surface				Disinfected ? Yes					
										Pumping at 12 GP M for 60 Hrs.				Capped ? Yes					
										Pumping Method ?									
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ?					
Method														Filled & Sealed Well(s) as needed?					
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement											
Drill mud and cuttings				Surface		58													
13. Constructor / Supervisory Driller						Lic #		Date Signed											
PC								03-06-2009											
Drill Rig Operator						Lic or Reg #		Date Signed											
P_C								03-06-2009											

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 03-06-2009

Updated On: 06-25-2020

Review Status: APPROVED