

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				YE076		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A			
Property Owner PRIBYL, LARRY						Phone # (651)500-1213		1. Well Location				Fire # (if avail.) 44925	
Mailing Address 44925 BEAR POINT RD						Town of NAMAKAGON						Street Address or Road Name and Number BEAR POINT RD	
City CABLE				State WI		Zip Code 54821		Subdivision Name				Lot # Block #	
County Bayfield		Co. Permit #		Notification # 6943025301		Completed 03-06-2018		Latitude / Longitude in Decimal Degree (DD) 46.22708 °N -91.11528 °W				Method Code GPS008	
Well Constructor (Business Name) PAUL R ANDERSON				Lic. # 4681		Facility ID # (Public Wells)		NE NE Section Township Range or Govt Lot # 9 43 N 6 W		2. Well Type New Well			
Address PAUL R ANDERSON WELL DRILLING ASHLAND WI 54806				Well Plan Approval #		Approval Date (mm-dd-yyyy)		of previous unique well # constructed in					
Hicap Permanent Well #				Common Well #		Specific Capacity 0.6		Reason for replaced or reconstructed well ?					
3. Well serves 1 # of Private, potable Heat Exchange ___ # of drillholes						Hicap Well ? No Hicap Property ? No Hicap Potable ? No		Construction Type Drilled					
4. Potential Contamination Sources - ON REVERSE SIDE													
5. Drillhole Dimensions and Construction Method													
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		8. Geology Geology Codes Type, Caving/Noncaving, Color, Hardness, etc...			
8		Surface		6		<u>No</u> Rotary - Mud Circulation		<u>No</u>		- - S - DRY SAND Surface 12			
4		6		40		<u>No</u> Rotary - Air		<u>No</u>		- W S - WET SAND 12 37			
						<u>No</u> Rotary - Air & Foam		<u>No</u>		- W S - WATER & SAND 37 40			
						<u>No</u> Drill-Through Casing Hammer							
						<u>No</u> Reverse Rotary							
						<u>Yes</u> Cable-tool Bit ___ in. dia...		<u>No</u>					
						<u>No</u> Dual Rotary		<u>No</u>					
						<u>No</u> Temp. Outer Casing ___ in. dia							
						<u>No</u> Removed? ___ depth ft. (If NO explain on back side)							
6. Casing, Liner, Screen													
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level 12 ft. below ground surface			
4.5		OD 4IN ID T&C ASTM A-53-B IPSCO				Surface		40		11. Well Is 12 in. above grade			
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Developed ? Yes Disinfected ? Yes Capped ? Yes			
2		10 SLOT SCREEN 4/2 K PAC				37		40		Pumping level 30 ft. below surface Pumping at 10 GP M for 2 Hrs. Pumping Method ?			
7. Grout or Other Sealing Material													
Method													
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		12. Notified Owner of need to fill & seal ? No			
CASING SEAL				Surface		6		S		Filled & Sealed Well(s) as needed? No N/A			
13. Constructor / Supervisory Driller													
PRA				Lic #		Date Signed		03-06-2018					
Drill Rig Operator				Lic or Reg #		Date Signed		03-06-2018					
BH													

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

Type	Qualifier	Distance	Type	Qualifier	Distance
Building Overhang		30	Shoreline/Pool		120

Comment: NO SEPTIC AT THE TIME

Created On: 04-17-2018

Updated On: 06-25-2020

Review Status: