# Well Construction Report
## WISCONSIN UNIQUE WELL NUMBER ZL327

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: GUNTNER, TOWN OF, (WHITT, JOANIE) | | | Phone # |
| Mailing Address: 1660 KNAPT RD | | | |
| City: MOSINEE | State: WI | Zip Code: 54455 | |
| County: Marathon | Co. Permit #: | Notification #: 8153351801 | Completed: 09-30-2020 |

**1. Well Location**

Town of GUENTHER

Fire # (if avail.)

Street Address or Road Name and Number: 157835 CO C

| Subdivision Name | Lot # | Block # |
|---|---|---|
| | | |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| HORNUNG WELL DRLG LLC | 9013 | |

Latitude / Longitude in Decimal Degree (DD): 44.7139 °N -89.5825 °W

Method Code: GPS008

Well Plan Approval #:

| NE | NW | Section | Township | Range |
|---|---|---|---|---|
| or Govt Lot # | | 29 | 26 N | 8 E |

Address: N925 CTY HWY W, MERRILL WI 54452

Approval Date (mm-dd-yyyy):

**2. Well Type** New Well

of previous unique well # constructed in

| Hicap Permanent Well # | Common Well # | Specific Capacity |
|---|---|---|
| | | 0 |

Reason for replaced or reconstructed well ?

**3. Well serves** 1 # of SHOP

Non-community

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.) |
|---|---|---|
| 8 | Surface | 40 |
| 6 | 40 | 200 |

| Upper Enlarged Drillhole | | Lower Open Bedrock |
|---|---|---|
| No | Rotary - Mud Circulation ..... | No |
| No | Rotary - Air ..... | No |
| Yes | Rotary - Air & Foam ..... | Yes |
| No | Drill-Through Casing Hammer | |
| No | Reverse Rotary | |
| No | Cable-tool Bit ____in. dia... | No |
| No | Dual Rotary ..... | No |
| Yes | Temp. Outer Casing 10in. dia | |
| Yes | Removed? 10depth ft. (If NO explain on back side) | |

**8. Geology**

| Geology Codes | | | | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|---|---|---|
| R | | C | | R-RED C-CLAY | Surface | 6 |
| | D | Q | | D-DECOMPOSED/WEATHERED Q-GRANITE | 6 | 15 |
| R | H | Q | | R-RED H-HARD/FIRM Q-GRANITE | 15 | 200 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | FEMCO 530 60621 .280 WALL WELDED USA 18.9 | Surface | 40 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**

16 ft. below ground surface

**10. Pump Test**

Pumping level 180 ft. below surface

Pumping at 4 GP M for 12 Hrs.

Pumping Method ? Test Pump

**11. Well Is**

18 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

**7. Grout or Other Sealing Material**

Method GROUT DISPLACEMENT (PLUG)

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| NEAT GROUT | Surface | 40 | 8 S |

**12.** Notified Owner of need to fill & seal ? No

Filled & Sealed Well(s) as needed? No

| 13. Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| JH | 9013 | 09-30-2020 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | |

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

Comment: BOX 4A - NOT IN YET

| Rehab Type | Rehab Date | Result Text |
|---|---|---|
| Hydrofracture | 10/19/2020 | DRY HOLE BEFORE HYDROFRACTED |

Created On: 11-02-2020 Updated On: 04-28-2021 Review Status: APPROVED