Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BL510

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

Form 3300-077A

Property Owner: ADAM GAWLIK			Phone #
Mailing Address: RT. 1 BOX			
City: GLEASON	State: WI	Zip Code	
County: Lincoln	Co. Permit #	Notification #	Completed: 06-02-1981

Well Constructor (Business Name): WILLIAM L. WEBSTER	Lic. #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 2.2	

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

Hicap Well ?
Hicap Property ?
Hicap Potable ?

1. Well Location
Village of GLEASON

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name		Lot #	Block #

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

Method Code

SW SE or Govt Lot #	Section: 28	Township: 33 N	Range: 8 E

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

Reason for replaced or reconstructed well ?

Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	52

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes 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	45
	N	S		Fine Sand	45	57

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	New Steel 19.45 Lbs. ASTM A53 Interlake Threaded & Coupled	Surface	54
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
34 ft. _____ ground surface

10. Pump Test
Pumping level 45 ft. below surface
Pumping at 24 GP for 1 Hrs.
Pumping Method ?

11. Well Is
8 in. above grade
Developed ?
Disinfected ?
Capped ?

7. Grout or Other Sealing Material
Method

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

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: 01-01-1960 Updated On: 10-15-2026 Review Status: