Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BL802

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

Form 3300-077A

Property Owner: NEIL MOORE			Phone #
Mailing Address: N10752 HWY 17			
City: GLEASON	State: WI	Zip Code	
County: Lincoln	Co. Permit #	Notification #	Completed: 05-16-1986

1. Well Location
Town of HARRISON
Fire # (if avail.)
Street Address or Road Name and Number
Subdivision Name | Lot # | Block #

Well Constructor (Business Name): BRAD WEBSTER - RHINELANDER WELL DRILLING	Lic. #	Facility ID # (Public Wells)	Latitude / Longitude in Decimal Degree (DD) °N °W — Method Code
		Well Plan Approval #	SW NE or Govt Lot # — Section: 24 — Township: 35 N — Range: 8 E
Address		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 1.3	

2. Well Type New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
Construction Type

3. Well serves # of Home
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	109

Upper Enlarged Drillhole — Lower Open Bedrock

Yes — 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.)
	Q	S		Caving Sand	Surface	30
		Y		Sand & Gravel	30	47
		C		Clay	47	80
		X		Sand & Clay	80	100
		Y		Sand & Gravel	100	109

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Black Iron Pipe Plain End ASTM A120 US Steel 19.97 lbs/ft	Surface	106
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
30 ft. _____ ground surface

10. Pump Test
Pumping level 60 ft. below surface
Pumping at 40 GP for 1 Hrs.
Pumping Method ?

11. Well Is
18 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: