Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BM685

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: LEONARD MAJETIC	Phone #
Mailing Address: R #2	
City: GLEASON	State: WI / Zip Code
County: Lincoln	Co. Permit # / Notification # / Completed: 11-15-1972
Well Constructor (Business Name): BEN TORK	Lic. # / Facility ID # (Public Wells)
Address	Well Plan Approval # / Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well # / Specific Capacity

1. Well Location
Town of SCHLEY
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 or Govt Lot #	Section	Township	Range
	24	32 N	8 E

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.)
10	Surface	40
9	40	44
6	44	125

Upper Enlarged Drillhole
Lower Open Bedrock
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.)
		X		Sand & Clay	Surface	8
		C		Clay	8	40
G		Q		Gray Granite	40	60
				Cracked Rock	60	60.5
G		Q		Gray Granite	60.5	106
				Cracked Rock	106	106.5
G		Q		Gray Granite	106.5	125

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	New Black Steel 19.45 lbs. per foot Threaded & Coupled	Surface	44
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
14 ft. _____ ground surface

10. Pump Test
Pumping level 125 ft. below surface
Pumping at 2 GP for 4 Hrs.
Pumping Method ?

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

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
Drilling Mud and Cuttings	Surface	20	
Neat Cement	20	44	

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: 04-06-2021 Review Status: