Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BN366

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

Form 3300-077A

Property Owner: GERALD KORR | Phone #:

Mailing Address:

City: HOFFMAN ESTATES | State: IL | Zip Code:

County: Lincoln | Co. Permit # | Notification # | Completed: 12-05-1976

Well Constructor (Business Name): ORVAL KOMAREK | Lic. # | Facility ID # (Public Wells)

Address | Well Plan Approval # | Approval Date (mm-dd-yyyy)

Hicap Permanent Well # | Common Well # | Specific Capacity: 0.3

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

1. Well Location
Town of WILSON
Fire # (if avail.): 105
Street Address or Road Name and Number: GENTRY CT
Subdivision Name | Lot # | Block #
Latitude / Longitude in Decimal Degree (DD) °N °W | Method Code
NW NE or Govt Lot # | Section: 21 | Township: 35 N | Range: 5 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.)
12	Surface	40
6	40	60

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.)
C	Clay	Surface	48
P	Hardpan	48	55
S	Sand	55	58
G	Gravel	58	60

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	New Steel 19:45 ASTM A53 Valley Steel Threaded & Coupled	Surface	60
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
20 ft. _____ ground surface

10. Pump Test
Pumping level 40 ft. below surface
Pumping at 6 GP for 4 Hrs.
Pumping Method ?

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

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface	40	

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: