Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BN472

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

Form 3300-077A

Property Owner: E. G. SCHUERMAN			Phone #
Mailing Address: 210 E. WISCONSIN ST.			
City: DELAVAN	State: WI	Zip Code	
County: Lincoln	Co. Permit #	Notification #	Completed: 04-15-1979

Well Constructor (Business Name): BRADLEY WEBSTER - RHINELANDER WELL DRILLING	Lic. #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 1.4	
3. Well serves # of Home		Hicap Well ?	
Private,potable		Hicap Property ?	
Heat Exchange____# of drillholes		Hicap Potable ?	

1. Well Location

Town of BRADLEY

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #	
Latitude / Longitude in Decimal Degree (DD) °N °W			Method Code
NE SE or Govt Lot #	Section: 4	Township: 35 N	Range: 6 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	43

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.)
	Q	X		Sand - Clay - Caving	Surface	30
		X		Sand & Clay	30	42
		G		Gravel	42	43

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	New Black Steel 19.45# pr/ft Open Bottom	Surface	43
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material

Method

9. Static Water Level

22 ft. _____ ground surface

10. Pump Test

Pumping level 29 ft. below surface

Pumping at 10 GP for 48 Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ?

Disinfected ?

Capped ?

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: