Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BN725

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

Property Owner	TED DITTMER
Phone #	
Mailing Address	603 N. LA LONDE AVE.
City	LOMBARD
State	IL
Zip Code	
County	Lincoln
Co. Permit #	
Notification #	
Completed	09-26-1966
Well Constructor (Business Name)	HOWARD HETZEL
Lic. #	
Facility ID # (Public Wells)	
Well Plan Approval #	
Address	
Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	
Common Well #	
Specific Capacity	

1. Well Location
Town of KING
Fire # (if avail.)
Street Address or Road Name and Number
Subdivision Name
Lot #
Block #
Latitude / Longitude in Decimal Degree (DD) °N °W
Method Code

S	SW	Section	Township	Range
or Govt Lot #		28	35 N	7 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	20
6	20	108

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		Clay & Sand	Surface	8
		P		Hardpan	8	66
				Bedrock	66	108

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel 19.45#	Surface	66
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
15 ft. _____ ground surface

10. Pump Test
Pumping level 100 ft. below surface
Pumping at 9 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	

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: