Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BN844

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

Form 3300-077A

Property Owner: ROBERT LEONHARD | Phone #:

Mailing Address:

City: GLEASON | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Lincoln			09-15-1966

Well Constructor (Business Name): DANIEL BEHM | Lic. # | Facility ID # (Public Wells)

Address | Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well # | Common Well # | Specific Capacity

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

1. Well Location

Town of HARRISON

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name | Lot # | Block #

Latitude / Longitude in Decimal Degree (DD) °N °W | Method Code

or Govt Lot #	Section	Township	Range
	33	35 N	8 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.)
4	Surface	143

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.)
		G	Z	Gravel & Boulders	Surface	22
	N	Y		Sand & Fine Gravel	22	70
		P		Hardpan	70	141
		G		Gravel	141	143

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4	Black Steel	Surface	143
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material

Method

9. Static Water Level

62 ft. _____ ground surface

10. Pump Test

Pumping level 90 ft. below surface

Pumping at 1 GP for _____ Hrs.

Pumping Method ?

11. Well Is

8 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: 04-06-2021 Review Status: