

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACM318		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner LEITERMANN, KEVIN					Phone #			1. Well Location				Fire # (if avail.)									
Mailing Address 431 GOLDEN CEDAR LN								Village of SUMMIT													
City OCONOMOWOC					State WI		Zip Code 53066		Street Address or Road Name and Number												
								431 N GOLDEN CEDAR LN													
County Waukesha		Co. Permit #		Notification # 10167472401		Completed 03-12-2026		Subdivision Name			Lot #		Block #								
Well Constructor (Business Name) D & D WELL & PUMPS LLC					Lic. # 7181		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) 43.03877 °N -88.53524 °W			Method Code GPS008									
Address N6331 COUNTY F OCONOMOWOC WI 53066							Well Plan Approval #		NE SW		Section Township		Range								
							Approval Date (mm-dd-yyyy)		or Govt Lot # 30		7 N		17 E								
Hicap Permanent Well #		Common Well #		Specific Capacity 0				2. Well Type Replacement													
								of previous unique well # RF116 constructed in 2003													
								Reason for replaced or reconstructed well ?													
								ADDITION													
3. Well serves 1 # of HOME					Hicap Well ? No				Construction Type Drilled												
Private, potable					Hicap Property ? No																
Heat Exchange ___ # of drillholes					Hicap Potable ? No																
4. Potential Contamination Sources - ON REVERSE SIDE																					
5. Drillhole Dimensions and Construction Method																					
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)					
6		Surface		158		No Rotary - Mud Circulation		No		T		C		C-CLAY		Surface 4					
						No Rotary - Air		No		G		Y		T-TAN/BROWN Y-SAND & GRAVEL		4 15					
						No Rotary - Air & Foam		No		G		S M		G-GRAY S-SAND M-SILTY		15 63					
						Yes Drill-Through Casing Hammer				G		Z		G-GRAY Z-CLAY & GRAVEL		63 81					
						No Reverse Rotary						L		L-LIMESTONE/DOLOMITE		81 158					
						No Cable-tool Bit ___ in. dia...		No													
						No Dual Rotary		No													
						No Temp. Outer Casing ___ in. dia															
						No Removed? ___ depth ft. (If NO explain on back side)															
6. Casing, Liner, Screen														8. Geology							
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level				11. Well Is							
6		STEEL, 18.97# , A53-B, NUCOR & WELDED				Surface		81		13 ft. below ground surface				15 in. above grade							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		10. Pump Test				Developed ? Yes							
										Pumping level 35 ft. below surface				Disinfected ? Yes							
										Pumping at 30 GP M for 2 Hrs.				Capped ? Yes							
										Pumping Method ? Airlift											
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ? Yes							
Method MOUNDED																					
Kind of Sealing Material		From (ft.)		To (ft.)		# Sacks Cement															
GRANULAR BENTONITE		Surface																			
														13. Constructor / Supervisory Driller				Lic #		Date Signed	
														DJ		5694		03-25-2026			
														Drill Rig Operator		Lic or Reg #		Date Signed			

4a. Potential Contamination SourcesIs the well located in floodplain ? No

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS treatment component (septic tanks, aerobic treatment units or filters)		45	POWTS dispersal component (soil absorption unit or mound)		65
			Sewer - Building Sanitary		50

Comment:

Created On: 03-25-2026

Updated On: 04-21-2026

Review Status: APPROVED