Well Construction Report
WISCONSIN UNIQUE WELL NUMBER CM730

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

Form 3300-077A

Property Owner: DAUM, JOEL			Phone #
Mailing Address: 3705 ROSEWOOD CT			
City: SHEBOYGAN	State: WI	Zip Code: 53083	
County: Waushara	Co. Permit #	Notification #	Completed: 08-09-1994

Well Constructor (Business Name): ROBERT LEHR	Lic. #: 3013	Facility ID # (Public Wells)	
Address: PO BOX 36 WAUTOMA WI 54982-0036		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity	

1. Well Location

Town of MT MORRIS

Fire # (if avail.)

Street Address or Road Name and Number: PORTERS LAKE RD

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD): 44.09608 °N -89.21805 °W			Method Code: GPS008
NW NE or Govt Lot #	Section: 29	Township: 19 N	Range: 11 E

2. Well Type New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

TO SERVE NEW PLBG IN OLD

Construction Type: Driven Point

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

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

6. Casing, Liner, Screen Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	GALV IRON	Surface	27
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	SS 80 GA	27	30

7. Grout or Other Sealing Material

Method

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		S		SAND	Surface	30

9. Static Water Level

11 ft. below ground surface

10. Pump Test

Pumping level _____ ft. below surface

Pumping at _____ GP for _____ Hrs.

Pumping Method ?

11. Well Is

12 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ?

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No

NONE ON SITE

13. Constructor / Supervisory Driller	Lic #	Date Signed
RL		08-15-1994
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

4a. Potential Contamination Sources Is the well located in floodplain ?

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)	>	50

Type	Qualifier	Distance
Sewer - Building Sanitary	>	8
Septic or Holding, or POWTS Tank	>	25

Comment:

Created On: 02-14-1996 Updated On: 09-08-2022 Review Status: