Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8AI684

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

Form 3300-077A

Property Owner: MRS. CHRIS JACKSON	Phone #
Mailing Address: 5107 MAYWOOD RD.	
City: MONONA	State: WI — Zip Code
County: Dane	Co. Permit # — Notification # — Completed: 12-01-1983
Well Constructor (Business Name): LAVERNE WELSCH	Lic. # — Facility ID # (Public Wells)
Address	Well Plan Approval # — Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well # — Specific Capacity: 6

1. Well Location

Town of MAZOMANIE

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name — Lot # — Block #

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

NW SE or Govt Lot # — Section: 22 — Township: 9 N — Range: 6 E

2. Well Type

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	138

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.)
		S		Sand	Surface	30
		X		Sand and clay	30	75
	A	S		Coarse Sand	75	132
		G		Gravel	132	138

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	138
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

15 ft. _____ ground surface

10. Pump Test

Pumping level 20 ft. below surface

Pumping at 30 GP for 10 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: 10-15-2026 Review Status: