Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8BL501

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

Form 3300-077A

Property Owner: MAX ALBRECHT	Phone #
Mailing Address: W1302 DUDLEY RD.	
City: GLEASON	State: WI — Zip Code
County: Lincoln	Co. Permit # — Notification # — Completed: 09-18-1987

1. Well Location

Town of RUSSELL	Fire # (if avail.): W1302
Street Address or Road Name and Number: DUDLEY	
Subdivision Name	Lot # — Block #
Latitude / Longitude in Decimal Degree (DD): °N °W	Method Code
SE SE or Govt Lot # — Section: 16 — Township: 33 N — Range: 8 E	

Well Constructor (Business Name): JAMES HORNUNG - HORNUNG WELL & PUMP CO.	Lic. # — Facility ID # (Public Wells)
Address	Well Plan Approval # — Approval Date (mm-dd-yyyy)
Hicap Permanent Well # — Common Well #	Specific Capacity: 0.3

2. Well Type New Well
of previous unique well # — constructed in
Reason for replaced or reconstructed well ?

3. Well serves # of Home
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?
Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	73

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.)
		Y		Sand & Gravel	Surface	63
	D	Q		Decomposed Granite	63	73

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6.625	18.97 lbs. .280 Wall A53 N.K.K. Welded	Surface	73
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
35 ft. _____ ground surface

10. Pump Test
Pumping level 50 ft. below surface
Pumping at 5 GP for 1 Hrs.
Pumping Method ?

11. Well Is
12 in. above grade
Developed ?
Disinfected ?
Capped ?

7. Grout or Other Sealing Material
Method

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: