Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8DT722

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

Form 3300-077A

Property Owner: ED WALTERS			Phone #
Mailing Address: R#1			
City: NEW HOLSTEIN	State: WI	Zip Code	
County: Calumet	Co. Permit #	Notification #	Completed: 10-26-1974

Well Constructor (Business Name): NORMAN WEBER	Lic. #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 0.4	

3. Well serves # of Home
Private,potable
Heat Exchange____# of drillholes

Hicap Well ?
Hicap Property ?
Hicap Potable ?

1. Well Location
Town of NEW HOLSTEIN

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #	
Latitude / Longitude in Decimal Degree (DD): 43.89253 °N -88.12332 °W			Method Code: SCR002
SE SE or Govt Lot #	Section: 32	Township: 17 N	Range: 20 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.)
10	Surface	29
6	29	175

Upper Enlarged Drillhole / Lower Open Bedrock

Yes 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.)
		I		Topsoil	Surface	2
R		C		Red Clay	2	20
		X		Sandy Clay	20	42
U		C		Blue Clay	42	57
		P		Hardpan	57	68
		L		Limestone	68	175

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	68
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface	29	

9. Static Water Level
25 ft. _____ ground surface

10. Pump Test
Pumping level 70 ft. below surface
Pumping at 20 GP for 2 Hrs.
Pumping Method ?

11. Well Is
12 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: 10-15-2026 Review Status: