Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8DT748

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

Form 3300-077A

Property Owner: DONALD KEMPA | Phone #:

Mailing Address: 829 BUCHANON

City: KIEL | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Calumet			06-17-1974

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: 1.9

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

1. Well Location | Fire # (if avail.)

Town of NEW HOLSTEIN

Street Address or Road Name and Number

Subdivision Name | Lot # | Block #

Latitude / Longitude in Decimal Degree (DD): 43.90638 °N -88.06197 °W | Method Code: PAR001

NE	NE	Section	Township	Range
or Govt Lot #		36	17 N	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	28
6	28	122

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	43
	Blue	43	84
X	Sandy Clay	84	97
L	Limestone	97	122

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	97
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	28	

9. Static Water Level

12 ft. _____ ground surface

10. Pump Test

Pumping level 25 ft. below surface

Pumping at 25 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: