Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8DV144

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner	GEORGE WEBER
Phone #	
Mailing Address	RT 2
City	HILLSBORO
State	WI
Zip Code	
County	Juneau
Co. Permit #	
Notification #	
Completed	12-15-1986
Well Constructor (Business Name)	ALBIN HERBECK
Lic. #	
Facility ID # (Public Wells)	
Address	
Well Plan Approval #	
Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	
Common Well #	
Specific Capacity	

1. Well Location

Town of WONEWOC	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	Section	Township	Range
or Govt Lot #	7	14 N	2 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	42
6	42	120

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.)
		I		Topsoil	Surface	1
		C		Clay	1	25
		N		Sandstone	25	120

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	42
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

53 ft. _____ ground surface

10. Pump Test

Pumping level 57 ft. below surface

Pumping at 9 GP for 7 Hrs.

Pumping Method ?

11. Well Is

10 in. above grade

Developed ?

Disinfected ?

Capped ?

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface	8	
Neat Cement	8	42	

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: 04-07-2021 Review Status: