Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8DZ185

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

Property Owner: CITY OF LA CROSSE | Phone #:

Mailing Address: 415 MAIN ST.

City: ONALASKA | State: WI | Zip Code:

County: La Crosse | Co. Permit # | Notification # | Completed: 10-13-1987

Well Constructor (Business Name): MARVIN HOLZEN | Lic. # | Facility ID # (Public Wells)

Address | Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well # | Common Well #: 5 | Specific Capacity

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

1. Well Location
City of LA CROSSE
Fire # (if avail.)

Street Address or Road Name and Number
GREEN & COURT STREETS

Subdivision Name | Lot # | Block #

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

SE NW or Govt Lot # | Section: 8 | Township: 16 N | Range: 7 W

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

Upper Enlarged Drillhole	Lower Open Bedrock
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

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
16	Steel	Surface	18
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
_____ ft. _____ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

11. Well Is
_____ in.
_____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: 04-06-2021 Review Status: