Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8DZ196

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

Form 3300-077A

Property Owner: DAVE COLLINS	Phone #
Mailing Address: 1901 LA CRESENT CT.	
City: LA CROSSE	State: WI / Zip Code
County: La Crosse	Co. Permit # / Notification # / Completed: 05-27-1987
Well Constructor (Business Name): DANIEL RAHN	Lic # / Facility ID # (Public Wells)
Address	Well Plan Approval # / Approval Date (mm-dd-yyyy)
Hicap Permanent Well # / Common Well #	Specific Capacity: 4.5

1. Well Location

Town of CAMPBELL			Fire # (if avail.): 1901
Street Address or Road Name and Number: LA CRESENT CT.			
Subdivision Name	Lot #	Block #	
Latitude / Longitude in Decimal Degree (DD): °N °W			Method Code
SW or Govt Lot #	Section: 18	Township: 16 N	Range: 7 W

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.)
4	Surface	63
2	63	68

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	68

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4	Steel	Surface	63
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

36 ft. _____ ground surface

10. Pump Test

Pumping level 40 ft. below surface

Pumping at 18 GP for 2 Hrs.

Pumping Method ?

11. Well Is

10 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: