Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8DZ197

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

Form 3300-077A

Property Owner: LAVERN GEARY | Phone #:

Mailing Address: OLIVET ST.

City: LA CROSSE | State: WI | Zip Code:

County: La Crosse | Co. Permit # | Notification # | Completed: 08-22-1985

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: 10

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

1. Well Location
Town of CAMPBELL
Fire # (if avail.)
Street Address or Road Name and Number: OLIVET ST.
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

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.)

7. Grout or Other Sealing Material
Method

9. Static Water Level
29 ft. _____ ground surface

10. Pump Test
Pumping level 30 ft. below surface
Pumping at 10 GP for 2 Hrs.
Pumping Method ?

11. Well Is
11 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: