Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8DZ219

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

Form 3300-077A

Property Owner: DALE GEHRIE			Phone #
Mailing Address: 4802 AIKEN RD.			
City: LA CROSSE	State: WI	Zip Code	
County: La Crosse	Co. Permit #	Notification #	Completed: 06-24-1985

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: 12	

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.): 4802
Street Address or Road Name and Number: AIKEN RD.			
Subdivision Name	Lot #	Block #	
Latitude / Longitude in Decimal Degree (DD) °N °W			Method Code

NW NW or Govt Lot #	Section: 19	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	63

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
39 ft. _____ ground surface

10. Pump Test
Pumping level 40 ft. below surface
Pumping at 12 GP for 2 Hrs.
Pumping Method ?

11. Well Is
_____ 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: