Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HF516

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

Form 3300-077A

Property Owner: BAXTER RADEL			Phone #
Mailing Address: RR # 2			
City: SPRING GREEN	State: WI	Zip Code	
County: Sauk	Co. Permit #	Notification #	Completed: 07-25-1987

Well Constructor (Business Name): TONY PREM	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 SPRING GREEN

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #	
Latitude / Longitude in Decimal Degree (DD): 43.18139 °N -90.09423 °W			Method Code: GPS008
SE or Govt Lot #	Section: 11	Township: 8 N	Range: 3 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	40
6	40	110

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	110

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	106
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

12 ft. _____ ground surface

10. Pump Test

Pumping level 15 ft. below surface

Pumping at 18 GP for 24 Hrs.

Pumping Method ?

11. Well Is

24 in. above grade

Developed ?

Disinfected ?

Capped ?

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface	40	

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: 06-01-2023 Review Status: