Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HF517

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

Form 3300-077A

Property Owner: KENNETH BROWN			Phone #
Mailing Address: RR # 2			
City: SPRING GREEN	State: WI	Zip Code	
County: Sauk	Co. Permit #	Notification #	Completed: 11-29-1980

Well Constructor (Business Name): LAVERN WELSCH	Lic. #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 4	

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

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)				Method Code
43.17488 °N	-90.08008 °W			GPS008
NW NE or Govt Lot #	Section: 13	Township: 8 N	Range: 3 E	

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.)
10	Surface	15
6	15	180

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.)
I	Topsoil	Surface	5
S	Sand	5	45
Y	Sand & Gravel	45	120
N	Sandstone	120	180

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	169
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
20 ft. _____ ground surface

10. Pump Test
Pumping level 25 ft. below surface
Pumping at 20 GP for 15 Hrs.
Pumping Method ?

11. Well Is
10 in. above grade
Developed ?
Disinfected ?
Capped ?

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
Drilling Mud and Cuttings	Surface	15	

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: