Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HF528

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

Form 3300-077A

Property Owner: KENT PRATHER			Phone #
Mailing Address: RR # 2 PAULUS RD			
City: SPRING GREEN	State: WI	Zip Code	
County: Sauk	Co. Permit #	Notification #	Completed: 07-12-1987

1. Well Location

Town of FRANKLIN

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
TONY PREM		

Latitude / Longitude in Decimal Degree (DD): 43.23591 °N -90.07411 °W

Method Code: GPS008

or Govt Lot #	SE	Section	Township	Range
		24	9 N	3 E

Address

Well Plan Approval #

Approval Date (mm-dd-yyyy)

2. Well Type

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

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 ?

Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	41
6	41	135

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.)
		X		Sandy Clay	Surface	12
		H	S	Sandy shale	12	18
		N		Sandstone	18	135

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	41
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

105 ft. _____ ground surface

10. Pump Test

Pumping level 106 ft. below surface

Pumping at 12 GP for 10 Hrs.

Pumping Method ?

11. Well Is

20 in. above grade

Developed ?

Disinfected ?

Capped ?

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
Neat Cement	Surface	41	

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: