Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HF541

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

Form 3300-077A

Property Owner: WESTERN FEDERAL SAVINGS AND LOAN			Phone #
Mailing Address: 501 WASHINTON AVE.			
City: WISCONSIN DELLS	State: WI	Zip Code	
County: Sauk	Co. Permit #	Notification #	Completed: 01-07-1987

Well Constructor (Business Name): V. KENNETH BROWN	Lic. #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 0.8	

3. Well serves # of Home
Private,potable
Heat Exchange____# of drillholes

Hicap Well ?
Hicap Property ?
Hicap Potable ?

1. Well Location

Fire # (if avail.)

Town of TROY

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #
	22	

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

Method Code

NE SW or Govt Lot #	Section	Township	Range
	8	9 N	5 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	18
6	18	90

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	16
S	Sand	16	23
C	Clay	23	82
S	Sand	82	88
G	Gravel	88	90

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	90
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

7. Grout or Other Sealing Material

Method

9. Static Water Level

3 ft. _____ ground surface

10. Pump Test

Pumping level 27 ft. below surface
Pumping at 18 GP for 72 Hrs.
Pumping Method ?

11. Well Is

8 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: