# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* 8HF551

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: ALFRED KUKNAU | | | Phone # |
| Mailing Address: RR#1 | | | |
| City: SAUK CITY | State: WI | Zip Code | |
| County: Sauk | Co. Permit # | Notification # | Completed: 11-18-1984 |

| | | | |
|---|---|---|---|
| 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 | |

**1. Well Location**

Town of TROY

Fire # (if avail.)

Street Address or Road Name and Number

| | | | |
|---|---|---|---|
| Subdivision Name | Lot # | Block # | |

Latitude / Longitude in Decimal Degree (DD): 43.22368 °N -89.85387 °W

Method Code: GPS008

| SE | SW | Section | Township | Range |
|---|---|---|---|---|
| or Govt Lot # | | 25 | 9 N | 5 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 | 50 |
| 6 | 50 | 125 |

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 | | Clay & Sand | Surface | 10 |
| | | N | | Sandstone | 10 | 125 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | Steel | Surface | 101 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**

35 ft. _____ ground surface

**10. Pump Test**

Pumping level 35 ft. below surface

Pumping at 25 GP for 18 Hrs.

Pumping Method ?

**11. Well Is**

12 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 | 50 | |

**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: 07-12-2021 Review Status: