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	

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

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)				Method Code
43.22368 °N	-89.85387 °W			GPS008
SE SW or Govt Lot #	Section: 25	Township: 9 N	Range: 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	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: