Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HF726

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

Form 3300-077A

Property Owner: PAUL KRAMER			Phone #
Mailing Address: RT 1			
City: LAVALLE	State: WI	Zip Code	
County: Sauk	Co. Permit #	Notification #	Completed: 01-13-1987

Well Constructor (Business Name): ALBIN HERBECK	Lic. #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 0.1	

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

1. Well Location
Town of IRONTON
Fire # (if avail.)
Street Address or Road Name and Number
Subdivision Name | Lot # | Block #
Latitude / Longitude in Decimal Degree (DD): 43.51859 °N -90.15345 °W
Method Code: GPS008
SW or Govt Lot # | Section: 16 | Township: 12 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	42
6	42	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	1
C	Clay	1	8
H	Shale	8	63
N	Sandstone	63	180

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	42
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
104 ft. _____ ground surface

10. Pump Test
Pumping level 153 ft. below surface
Pumping at 7 GP for 24 Hrs.
Pumping Method ?

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

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface	8	
Neat Cement	8	42	

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: