Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HF753

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

Form 3300-077A

Property Owner: WALTER KLITZKE	Phone #
Mailing Address: RR #1	
City: ROCK SPRINGS	State: WI / Zip Code
County: Sauk	Co. Permit # / Notification # / Completed: 07-08-1986
Well Constructor (Business Name): WILLIAM H. SMITH	Lic # / Facility ID # (Public Wells)
Address	Well Plan Approval # / Approval Date (mm-dd-yyyy)
Hicap Permanent Well # / Common Well #	Specific Capacity: 0.4
3. Well serves # of Home	Hicap Well ?
Private,potable	Hicap Property ?
Heat Exchange____# of drillholes	Hicap Potable ?

1. Well Location

Town of REEDSBURG

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name / Lot # / Block #

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

NE SW or Govt Lot # | Section: 36 | Township: 12 N | Range: 4 E

2. Well Type New Well

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.)
6	Surface	210

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.)
C	Clay	Surface	6
N	Sandstone	6	101

6. Casing, Liner, Screen

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

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface	6	
Neat Cement	6	101	

9. Static Water Level

145 ft. _____ ground surface

10. Pump Test

Pumping level 170 ft. below surface

Pumping at 11 GP for 2 Hrs.

Pumping Method ?

11. Well Is

10 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: