Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HF857

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

Form 3300-077A

Property Owner: DAVID BRENAN			Phone #
Mailing Address: RR #4			
City: BARABOO	State: WI	Zip Code	
County: Sauk	Co. Permit #	Notification #	Completed: 09-03-1982

1. Well Location

Town of BARABOO

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
WILLIAM H. SMITH		

Latitude / Longitude in Decimal Degree (DD): 43.5009 °N -89.81771 °W

Method Code: GPS008

Address

Well Plan Approval #

Approval Date (mm-dd-yyyy)

NW	SW	Section	Township	Range
or Govt Lot #		20	12 N	6 E

2. Well Type

of previous unique well # constructed in

Hicap Permanent Well #	Common Well #	Specific Capacity
		2.6

Reason for replaced or reconstructed well ?

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	127
6	127	200

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	7
	S	N		Soft Sandstone	7	112
	H	N		Firm Sandstone	112	199
		R		Quartzite	199	200

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	127
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

122 ft. _____ ground surface

10. Pump Test

Pumping level 129 ft. below surface

Pumping at 18 GP for 3 Hrs.

Pumping Method ?

11. Well Is

10 in. above grade

Developed ?

Disinfected ?

Capped ?

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface	7	
Neat Cement	7	127	

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: