Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HF903

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner	SCOTT CARLINO
Phone #	
Mailing Address	RR # 4
City	PORTAGE
State	WI
Zip Code	53562
County	Sauk
Co. Permit #	
Notification #	
Completed	01-10-1987
Well Constructor (Business Name)	SAM VANDER GALIEN
Lic. #	370
Facility ID # (Public Wells)	
Well Plan Approval #	
Address	150 RANDOLPH STREET RANDOLPH WI 53956
Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	
Common Well #	
Specific Capacity	

1. Well Location

Town of FAIRFIELD	Fire # (if avail.) E14297
Street Address or Road Name and Number	SR 33
Subdivision Name	
Lot #	
Block #	
Latitude / Longitude in Decimal Degree (DD)	43.50254 °N -89.61079 °W
Method Code	GPS008
NE SW or Govt Lot #	
Section	24
Township	12 N
Range	7 E

2. Well Type New Well

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 ? No

Hicap Property ? No

Hicap Potable ? No

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
8	Surface	63
6	63	185

Upper Enlarged Drillhole		Lower Open Bedrock
No	Rotary - Mud Circulation	No
No	Rotary - Air	No
No	Rotary - Air & Foam	No
Yes	Drill-Through Casing Hammer	
No	Reverse Rotary	
No	Cable-tool Bit ____in. dia...	No
No	Dual Rotary	No
No	Temp. Outer Casing ____in. dia	
No	Removed? ____depth ft. (If NO explain on back side)	

8. Geology

Geology Codes				Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
		X		SAND & CLAY	Surface	15
		Y		SAND & GRAVEL	15	62
		R		QUARTZITE	62	185

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	STEEL	Surface	63
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**

9. Static Water Level

40 ft. _____ ground surface

10. Pump Test

Pumping level 180 ft. below surface

Pumping at 2 GP M for 2 Hrs.

Pumping Method ?

11. Well Is

18 in. above grade

Developed ? No

Disinfected ? No

Capped ? No

7. Grout or Other Sealing Material

Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
MUD AND CUTTINGS	Surface	63	

12. Notified Owner of need to fill & seal ? No

Filled & Sealed Well(s) as needed? No

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 ? No

Comment:

Created On: 01-01-1960 Updated On: 02-12-2026 Review Status: