# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* 8HF981

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

Form 3300-077A

Property Owner: GUS WOOLEN
Phone #:
Mailing Address:
City: LAVALLE
State: WI
Zip Code:
County: Sauk
Co. Permit #:
Notification #:
Completed: 08-04-1986

**1. Well Location**
Town of LAVALLE
Fire # (if avail.)
Street Address or Road Name and Number
Subdivision Name
Lot #
Block #

Well Constructor (Business Name): ALBIN HERBECK
Lic. #
Facility ID # (Public Wells)
Latitude / Longitude in Decimal Degree (DD)
°N °W
Method Code

Well Plan Approval #
or Govt Lot # SW
Section: 22
Township: 13 N
Range: 3 E

Address
Approval Date (mm-dd-yyyy)

**2. Well Type** New Well
of previous unique well #
constructed in

Hicap Permanent Well #
Common Well #
Specific Capacity
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 | 42 |
| 6 | 42 | 130 |

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 |
| | | S | N | Sand and sandstone | 1 | 13 |
| | | N | | Sandstone | 13 | 130 |

**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**
60 ft. _____ ground surface

**10. Pump Test**
Pumping level 63 ft. below surface
Pumping at 10 GP for 8 Hrs.
Pumping Method ?

**11. Well Is**
8 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: 04-06-2021 Review Status: