Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HG024

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

Form 3300-077A

Property Owner: JAMES MURPHY		Phone #
Mailing Address: 223 N. LINCOLN		
City: BATAVIA	State: IL	Zip Code

County	Co. Permit #	Notification #	Completed
Sauk			07-07-1987

Well Constructor (Business Name)	Lic. #	Facility ID # (Public Wells)
V. KENNETH BROWN		

Address

Well Plan Approval #

Approval Date (mm-dd-yyyy)

Hicap Permanent Well #	Common Well #	Specific Capacity
		2.4

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

1. Well Location

Town of DELLONA

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name	Lot #	Block #
CHRISTMAS MOUNTAIN	45	

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

SE SE or Govt Lot #	Section	Township	Range
	11	13 N	5 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	10
8	10	41
6	41	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.)
S	Sand	Surface	7
N	Sandstone	7	130

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	41
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
Neat Cement	Surface	41	

9. Static Water Level

75 ft. _____ ground surface

10. Pump Test

Pumping level 80 ft. below surface

Pumping at 12 GP for 22 Hrs.

Pumping Method ?

11. Well Is

12 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: