# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* 8HG157

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: DIAMOND K. RODEAS | | | Phone # |
| Mailing Address: HWY 12 | | | |
| City: LAKE DELTON | State: WI | Zip Code | |
| County: Sauk | Co. Permit # | Notification # | Completed: 05-17-1984 |

| | | | |
|---|---|---|---|
| Well Constructor (Business Name): BRIAN K. HOLZEN | Lic. # | Facility ID # (Public Wells) | |
| Address | | Well Plan Approval # | |
| | | Approval Date (mm-dd-yyyy) | |
| Hicap Permanent Well # | Common Well # | Specific Capacity: 1.4 | |

**3. Well serves** # of Home
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?

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

| | | | |
|---|---|---|---|
| Subdivision Name | | Lot # | Block # |

| | | | | |
|---|---|---|---|---|
| Latitude / Longitude in Decimal Degree (DD) °N °W | | | | Method Code |
| NW or Govt Lot # | Section: 34 | Township: 13 N | Range: 6 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 | 92 |
| 6 | 92 | 163 |

Upper Enlarged Drillhole / Lower Open Bedrock
Rotary - Mud Circulation .....
Rotary - Air .....
Rotary - Air & Foam .....
Drill-Through Casing Hammer
Reverse Rotary
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.) |
|---|---|---|---|
| X | Sand, clay | Surface | 91 |
| N | Sandstone | 91 | 163 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | Steel | Surface | 92 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**
112 ft. _____ ground surface

**10. Pump Test**
Pumping level 119 ft. below surface
Pumping at 10 GP for 2 Hrs.
Pumping Method ?

**11. Well Is**
12 in. above grade
Developed ?
Disinfected ?
Capped ?

**7. Grout or Other Sealing Material**
Method

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| Drilling Mud and Cuttings | Surface | 92 | |

**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: