

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				8HG803		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																									
Property Owner REEDSBURG BANK						Phone #		1. Well Location				Fire # (if avail.)																							
Mailing Address						Town of WASHINGTON						Street Address or Road Name and Number																							
City REEDSBURG				State WI		Zip Code																													
County		Co. Permit #		Notification #		Completed		Subdivision Name				Lot #		Block #																					
Sauk						10-18-1961																													
Well Constructor (Business Name)				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)				Method Code																							
DON O'CONNOR								°N °W																											
Address				Well Plan Approval #		or Govt Lot #		Section		Township		Range																							
				Approval Date (mm-dd-yyyy)		5		11 N		3 E																									
Hicap Permanent Well #		Common Well #		Specific Capacity		2. Well Type																													
3. Well serves # of Other						of previous unique well # constructed in																													
						Reason for replaced or reconstructed well ?																													
Private, potable						Construction Type																													
Heat Exchange ___ # of drillholes																																			
Hicap Well ?																																			
Hicap Property ?																																			
Hicap Potable ?																																			
4. Potential Contamination Sources - ON REVERSE SIDE																																			
5. Drillhole Dimensions and Construction Method												8. Geology																							
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole		Lower Open Bedrock		Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)																			
10		Surface		51		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)				C		Clay		Surface		10																			
6		51		153				B		L		Broken limestone		10		50																			
								L		Limestone		50		100																					
								H		Shale		100		130																					
								N		Sandstone		130		153																					
6. Casing, Liner, Screen												9. Static Water Level				11. Well Is																			
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		95 ft. _____ ground surface				8 in. above grade																					
6		Steel				Surface		51		Pumping level 110 ft. below surface																									
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping at 15 GP for 10 Hrs.				Developed ? Disinfected ? Capped ?																					
										Pumping Method ?																									
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ?																							
Method												Filled & Sealed Well(s) as needed?																							
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement																											
Neat Cement				Surface		51				13. Constructor / Supervisory Driller																									
Lic #																						Date Signed													
																																		Drill Rig Operator	

4a. Potential Contamination Sources

Is the well located in floodplain ?

Comment:

Created On: 01-01-1960

Updated On: 06-01-2023

Review Status: