Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HG875

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

Form 3300-077A

Property Owner: LOUIS HARMS | Phone #:

Mailing Address:

City: LOGANVILLE | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Sauk			12-24-1959

Well Constructor (Business Name): FRED F. HAUGH | Lic. # | Facility ID # (Public Wells)

Address | Well Plan Approval # | Approval Date (mm-dd-yyyy)

Hicap Permanent Well # | Common Well # | Specific Capacity

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

1. Well Location
Town of WESTFIELD
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	Township	Range
	6	11 N	4 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	36
6	36	100

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.)
C	Clay	Surface	14
H	Shale	14	22
N	Sandstone	22	100

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	36
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
Puddled clay	Surface	14	
Cement	14	36	

9. Static Water Level
50 ft. _____ ground surface

10. Pump Test
Pumping level 50 ft. below surface
Pumping at 10 GP for 10 Hrs.
Pumping Method ?

11. Well Is
12 in. below 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: 08-13-2024 Review Status: