

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				8HG981		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A									
Property Owner ROBERT LIPVENDAHL						Phone #		1. Well Location				Fire # (if avail.)							
Mailing Address								Town of FREEDOM											
City NORTH FREEDOM						State WI		Zip Code											
County Sauk		Co. Permit #		Notification #		Completed 06-03-1978		Subdivision Name				Lot #							
												Block #							
Well Constructor (Business Name) L LAWRENCE KOUBA				Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) °N °W				Method Code							
Address				Well Plan Approval #				SE		Section 14		Township 11 N							
								Range 5 E											
Approval Date (mm-dd-yyyy)						2. Well Type New Well													
Hicap Permanent Well #				Common Well #		Specific Capacity		of previous unique well # constructed in											
								Reason for replaced or reconstructed well ?											
3. Well serves # of Home						Hicap Well ?		Construction Type											
Private, potable						Hicap Property ?													
Heat Exchange ____ # of drillholes						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.)	
6		Surface		315								R		Quartzite		Surface		315	
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)																			
6. Casing, Liner, Screen														9. Static Water Level		11. Well Is			
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		106 ft. ____ ground surface		____ in. above grade							
7. Grout or Other Sealing Material														10. Pump Test		Developed ?			
Method														Pumping level 180 ft. below surface		Disinfected ?			
														Pumping at 10 GP for 2 Hrs.		Capped ?			
														Pumping Method ?					
														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: