Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HH528

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

Form 3300-077A

Property Owner: BILL DICOT
Phone #:
Mailing Address:
City: REEDSBURG
State: WI
Zip Code:
County: Sauk
Co. Permit #:
Notification #:
Completed: 07-12-1969

1. Well Location
Town of EXCELSIOR
Fire # (if avail.)
Street Address or Road Name and Number
Subdivision Name
Lot #
Block #

Well Constructor (Business Name): ART HAWALLECK BYRON HACKER
Lic. #
Facility ID # (Public Wells)
Latitude / Longitude in Decimal Degree (DD)
°N °W
Method Code

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

W SW or Govt Lot #
Section: 11
Township: 12 N
Range: 5 E

2. Well Type
of previous unique well #
constructed in
Reason for replaced or reconstructed well ?

Hicap Permanent Well #
Common Well #
Specific Capacity: 1.8

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

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	22
6	22	96

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.)
		S		Sand	Surface	1
	H	N		Hard Sandstone	1	96

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	22
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
36 ft. _____ ground surface

10. Pump Test
Pumping level 45 ft. below surface
Pumping at 16 GP for 4 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
Neat Cement	Surface	22	

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: