Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HI078

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

Form 3300-077A

Property Owner: FERN BENISH | Phone #:

Mailing Address:

City: LAVALLE | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Sauk			04-25-1970

Well Constructor (Business Name): JIM PARKHURST SR. | Lic. # | Facility ID # (Public Wells)

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

Hicap Permanent Well # | Common Well # | Specific Capacity: 1.6

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

1. Well Location | Fire # (if avail.)

Town of LAVALLE

Street Address or Road Name and Number

Subdivision Name | Lot # | Block #

Latitude / Longitude in Decimal Degree (DD): 43.60021 °N -90.13004 °W | Method Code: GPS008

SW	SW	Section	Township	Range
or Govt Lot #		15	13 N	3 E

2. Well Type New Well

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	37

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		Sandy Clay	Surface	25
		N		Sandstone	25	154

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	37
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
Neat Cement	Surface	37	

9. Static Water Level

114 ft. _____ ground surface

10. Pump Test

Pumping level 119 ft. below surface

Pumping at 8 GP for 1 Hrs.

Pumping Method ?

11. Well Is

12 in. above 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: 10-15-2026 Review Status: