Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HI252

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

Form 3300-077A

Property Owner: RAYMOND KOZLOWSKI	Phone #
Mailing Address: RR # 1	
City: WISCONSIN DELLS	State: WI / Zip Code
County: Sauk	Co. Permit # / Notification # / Completed: 09-01-1970
Well Constructor (Business Name): ART HAWALLECK - BYRON HACKER	Lic # / Facility ID # (Public Wells)
Address	Well Plan Approval # / Approval Date (mm-dd-yyyy)
Hicap Permanent Well # / Common Well #	Specific Capacity: 1.9

1. Well Location

Town of DELLONA

Fire # (if avail.)

Street Address or Road Name and Number

Subdivision Name / Lot # / Block #

Latitude / Longitude in Decimal Degree (DD): 43.60662 °N -89.84921 °W

Method Code: GPS008

S / NW or Govt Lot #	Section	Township	Range
	13	13 N	5 E

2. Well Type

of previous unique well # / constructed in

Reason for replaced or reconstructed well ?

Construction Type

3. Well serves # of Home

Private,potable

Heat Exchange____# of drillholes

Hicap Well ?

Hicap Property ?

Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	80

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	55
N	Sandstone	55	80

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	59
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

25 ft. _____ ground surface

10. Pump Test

Pumping level 33 ft. below surface

Pumping at 15 GP for 4 Hrs.

Pumping Method ?

11. Well Is

10 in. above grade

Developed ?

Disinfected ?

Capped ?

7. Grout or Other Sealing Material

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: 10-15-2026 Review Status: