Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HI404

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

Form 3300-077A

Property Owner: GERRY BAGGATTI | Phone #:

Mailing Address:

City: WISCONSIN DELLS | State: WI | Zip Code:

County	Co. Permit #	Notification #	Completed
Sauk			05-14-1959

Well Constructor (Business Name): ART HAWALLECK | 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 DELTON
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 SE or Govt Lot # | Section: 4 | Township: 13 N | Range: 6 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.)
9	Surface	29
6	29	130

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	2
	H	N		Hard sandstone	2	130

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	29
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
Cement	Surface	29	

9. Static Water Level
70 ft. _____ ground surface

10. Pump Test
Pumping level 75 ft. below surface
Pumping at 10 GP for 4 Hrs.
Pumping Method ?

11. Well Is
8 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: 08-13-2024 Review Status: