Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HI413

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

Form 3300-077A

Property Owner: HENRY LAKE | Phone #:

Mailing Address:

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

County	Co. Permit #	Notification #	Completed
Sauk			06-20-1947

Well Constructor (Business Name): IRVIN DEHLER | Lic. #: | Facility ID # (Public Wells):

Address:

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

Hicap Permanent Well # | Common Well # | Specific Capacity: 1.7

3. Well serves # of Home/Farm

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): 43.63847 °N -89.83753 °W | Method Code: GPS008

NW or Govt Lot #	NW	Section	Township	Range
		6	13 N	6 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.)
9	Surface	11
6	11	90

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.)
		C		Clay	Surface	4
		C	Z	Clay and Boulders	4	8
		N	C	Sandrock with clay seams	8	11
		N		Sandstone	11	90

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	11
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	11	

9. Static Water Level

40 ft. _____ ground surface

10. Pump Test

Pumping level 46 ft. below surface

Pumping at 10 GP for 1 Hrs.

Pumping Method ?

11. Well Is

6 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: