Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8HI625

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

Form 3300-077A

Property Owner: DONALD MARISCH	Phone #
Mailing Address: RR #!	
City: WISCONSIN DELLS	State: WI / Zip Code
County: Sauk	Co. Permit # / Notification # / Completed: 06-17-1970
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. 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 NE or Govt Lot # | Section: 18 | Township: 13 N | Range: 6 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.)
10	Surface	28
6	28	75

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		Shale	2	7
	H	N		Hard Sandstone	7	75

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	28
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

25 ft. _____ ground surface

10. Pump Test

Pumping level 30 ft. below surface

Pumping at 16 GP for 5 Hrs.

Pumping Method ?

11. Well Is

14 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	28	

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: 06-30-2022 Review Status: