Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8MY094

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707
Form 3300-077A

Property Owner: JESSE SHOOP	Phone #
Mailing Address: UNKNOWN	
City: CATAWBA	State: WI — Zip Code: 54515
County: Price	Co. Permit #	Notification #	Completed: 08-30-1943
Well Constructor (Business Name): CHRIS BRUNNER	Lic #: 2400	Facility ID # (Public Wells)
Address: UNKNOWN STETSONVILLE WI 54480	Well Plan Approval #
	Approval Date (mm-dd-yyyy)
Hicap Permanent Well #	Common Well #	Specific Capacity

1. Well Location

Town of CATAWBA				Fire # (if avail.): W8769
Street Address or Road Name and Number: MOONSHINE ALLEY				
Subdivision Name			Lot #	Block #
Latitude / Longitude in Decimal Degree (DD): °N °W				Method Code
NE NW or Govt Lot #	Section: 16	Township: 35 N	Range: 1 W	

2. Well Type

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?

Construction Type

3. Well serves # of FARM

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ? No

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
5	Surface	70

Upper Enlarged Drillhole		Lower Open Bedrock
No	Rotary - Mud Circulation	No
No	Rotary - Air	No
No	Rotary - Air & Foam	No
No	Drill-Through Casing Hammer	
No	Reverse Rotary	
No	Cable-tool Bit ____in. dia...	No
No	Dual Rotary	No
No	Temp. Outer Casing ____in. dia	
No	Removed? ____depth ft. (If NO explain on back side)	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
	DUG HOLE	Surface	6
	CLAY & SAND	6	35
	HARDPAN	35	63
	WATER BEARING SAND & GRAVEL	63	70

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
5	STANDARD PIPE, STEEL DRIVE SHOE, SANITARY PUMP FLANGE	Surface	70
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

28 ft. _____ ground surface

10. Pump Test

Pumping level 39 ft. below surface

Pumping at 7 GP M for 8 Hrs.

Pumping Method ?

11. Well Is

15 in. above grade

Developed ? No
Disinfected ? No
Capped ? No

7. Grout or Other Sealing Material

Method

12. Notified Owner of need to fill & seal ? No

Filled & Sealed Well(s) as needed? No

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 ? No

Comment:

Created On: 01-01-1960 Updated On: 07-28-2026 Review Status: