Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8ND127

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

Form 3300-077A

Property Owner: BUEL MCNUTT			Phone #
Mailing Address			
City: WISCONSIN DELLS	State: WI	Zip Code	
County: Sauk	Co. Permit #	Notification #	Completed: 05-17-1958

Well Constructor (Business Name): ARTHUR HAWALLECK	Lic. #	Facility ID # (Public Wells)	
Address		Well Plan Approval #	
		Approval Date (mm-dd-yyyy)	
Hicap Permanent Well #	Common Well #	Specific Capacity: 1	

3. Well serves # of Home
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

NE SE or Govt Lot #	Section: 15	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	30
6	30	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	10
H	N			Hard Sandstone	10	30
W	N			Water Bearing Sandstone	30	80

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	30
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
20 ft. _____ ground surface

10. Pump Test
Pumping level 30 ft. below surface
Pumping at 10 GP for 4 Hrs.
Pumping Method ?

11. Well Is
8 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	30	

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: