

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACG650		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A					
Property Owner TAYLOR BRANDY						Phone #		1. Well Location				Fire # (if avail.)			
Mailing Address W7495 CHRIS CT						Town of HOLLAND						W7495			
City HOLMEN						State WI		Zip Code 54636				Street Address or Road Name and Number W7495 CHRIS CT			
County La Crosse		Co. Permit # 2025070		Notification # 9954661701		Completed 08-07-2025		Subdivision Name				Lot #		Block #	
Well Constructor (Business Name) WELL PROS PUMP & WELL DRILLING SERVICES LLC				Lic. # 7970		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 43.96737 °N -91.28015 °W				Method Code SCR002	
Address N5550 CTY RD Z STE 3B ONALASKA WI 54650				Well Plan Approval #		NW NE Section Township Range or Govt Lot # 12 17 N 8 W		2. Well Type Replacement				of previous unique well #		constructed in	
Hicap Permanent Well #				Common Well #		Specific Capacity 0.8				Reason for replaced or reconstructed well ? FAILED				Construction Type Drilled	
3. Well serves 1 # of HOMES 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.)		Upper Enlarged Drillhole				Lower Open Bedrock					
4		Surface		108		<u>No</u> Rotary - Mud Circulation <u>No</u> <u>No</u> Rotary - Air <u>No</u> <u>No</u> Rotary - Air & Foam <u>No</u> <u>No</u> Drill-Through Casing Hammer <u>No</u> Reverse Rotary <u>Yes</u> Cable-tool Bit 4in. dia... <u>No</u> <u>No</u> Dual Rotary <u>No</u> <u>No</u> Temp. Outer Casing ___ in. dia <u>No</u> Removed? ___ depth ft. (If NO explain on back side)									
8. Geology															
Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...						From (ft.)		To (ft.)					
		Y-SAND & GRAVEL						Surface		108					
6. Casing, Liner, Screen															
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)							
4		BLACK STEEL, 11#/FT,ASTMA 53, WHEATLAND, T&C				Surface		105							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)							
3		TYPE 304 STAINLESS STEEL 12 SLOT				105		108							
7. Grout or Other Sealing Material															
Method MOUNDED															
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement							
GRANULAR BENTONITE				Surface		105		3 S							
9. Static Water Level															
72 ft. below ground surface															
10. Pump Test															
Pumping level 90 ft. below surface Pumping at 15 GP M for 2 Hrs. Pumping Method ? Test Pump															
11. Well Is															
17 in. above grade Developed ? Yes Disinfected ? Yes Capped ? Yes															
12. Notified Owner of need to fill & seal ? Yes															
Filled & Sealed Well(s) as needed? Yes															
13. Constructor / Supervisory Driller				Lic #		Date Signed									
MI				7411		08-08-2025									
Drill Rig Operator				Lic or Reg #		Date Signed									
ZA				9291		08-08-2025									

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 08-08-2025

Updated On: 09-17-2025

Review Status: APPROVED