Well Construction Report
WISCONSIN UNIQUE WELL NUMBER ACI605

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

Form 3300-077A

Property Owner: FIERS, BEN	Phone #
Mailing Address: W7897 COUNTY RDZN	
City: ONALASKA	State: WI / Zip Code: 54650

County	Co. Permit #	Notification #	Completed
La Crosse	2025087	10013820501	09-30-2025

Well Constructor (Business Name): WELL PROS PUMP & WELL DRILLING SERVICES LLC	Lic. #: 7970
Address: N5550 CTY RD Z STE 3B ONALASKA WI 54650	Facility ID # (Public Wells)
	Well Plan Approval #
	Approval Date (mm-dd-yyyy)

Hicap Permanent Well #	Common Well #	Specific Capacity
		0.5

1. Well Location

Town of ONALASKA

Fire # (if avail.)

Street Address or Road Name and Number: W7897 COUNTY RD. ZN

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD)	Method Code
43.93352 °N -91.30023 °W	SCR002

NW / SE or Govt Lot #	Section	Township	Range
	23	17 N	8 W

2. Well Type Replacement

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

FAILED

Construction Type: Drilled

3. Well serves # 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.)
4	Surface	108

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	
Yes	Cable-tool Bit 4in. 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.)
S	S-SAND	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

9. Static Water Level

30 ft. below ground surface

10. Pump Test

Pumping level 60 ft. below surface

Pumping at 15 GP M for 3 Hrs.

Pumping Method ? Test Pump

11. Well Is

15 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method MOUNDED

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
GRANULAR BENTONITE	Surface	105	3 S

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	09-30-2025
Drill Rig Operator	Lic or Reg #	Date Signed
ZA	9291	09-30-2025

4a. Potential Contamination Sources Is the well located in floodplain ? No

Comment:

Created On: 10-01-2025 Updated On: 10-17-2025 Review Status: APPROVED