

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 FIER, BEN						Phone #		1. Well Location				Fire # (if avail.)									
Mailing Address W7897 COUNTY RDZN						Town of ONALASKA															
City ONALASKA						State WI		Zip Code 54650													
County La Crosse		Co. Permit # 2025087		Notification # 10013820501		Completed 09-30-2025		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) 43.93352 °N -91.30023 °W				Method Code SCR002							
Address N5550 CTY RD Z STE 3B ONALASKA WI 54650				Well Plan Approval #		NW SE		Section 23		Township 17 N		Range 8 W									
Approval Date (mm-dd-yyyy)				Hicap Permanent Well #		Common Well #		Specific Capacity 0.5				2. Well Type Replacement of previous unique well # constructed in									
Reason for replaced or reconstructed well ? FAILED				Hicap Well ? No		Hicap Property ? No		Hicap Potable ? No				Construction Type Drilled									
Heat Exchange ___ # of drillholes				3. Well serves # of HOMES Private, potable																	
4. Potential Contamination Sources - ON REVERSE SIDE																					
5. Drillhole Dimensions and Construction Method														8. Geology							
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole				Lower Open Bedrock				Geology Codes		Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)		To (ft.)	
4		Surface		108		No Rotary - Mud Circulation				No				S		S-SAND		Surface		108	
						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)															
6. Casing, Liner, Screen														9. Static Water Level				11. Well Is			
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		30 ft. below ground surface				15 in. above grade							
4		BLACK STEEL, 11#/FT,ASTMA 53, WHEATLAND, T&C				Surface		105		10. Pump Test				Developed ? Yes							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		Pumping level 60 ft. below surface				Disinfected ? Yes							
3		TYPE 304 STAINLESS STEEL 12 SLOT				105		108		Pumping at 15 GP M for 3 Hrs.				Capped ? Yes							
										Pumping Method ? Test Pump											
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ? Yes							
Method MOUNDED																					
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		Filled & Sealed Well(s) as needed? Yes											
GRANULAR BENTONITE				Surface		105		3 S													
														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