# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* ACK813

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

Form 3300-077A

| | |
|---|---|
| Property Owner | WILDER DWAYNE |
| Phone # | |
| Mailing Address | W548 COUNTY RD A |
| City | MINDORO |
| State | WI |
| Zip Code | 54644 |

| County | Co. Permit # | Notification # | Completed |
|---|---|---|---|
| La Crosse | 2025071 | 10097519501 | 12-10-2025 |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| WELL PROS PUMP & WELL DRILLING SERVICES LLC | 7970 | |

Address: N5550 CTY RD Z STE 3B, ONALASKA WI 54650

Well Plan Approval #:

Approval Date (mm-dd-yyyy):

| Hicap Permanent Well # | Common Well # | Specific Capacity |
|---|---|---|
| | | 0.4 |

**3. Well serves** 1 # of HOMES

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ? No

**1. Well Location**

Town of BURNS

Fire # (if avail.): W548

Street Address or Road Name and Number: W548 COUNTY RD A

| Subdivision Name | Lot # | Block # |
|---|---|---|
| | | |

| Latitude / Longitude in Decimal Degree (DD) | Method Code |
|---|---|
| 44.05048 °N -90.93603 °W | SCR002 |

| SE NE or Govt Lot # | Section | Township | Range |
|---|---|---|---|
| | 11 | 18 N | 5 W |

**2. Well Type** Replacement

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

FAILED

Construction Type: Drilled

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 4 | Surface | 69 |

| 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.) |
|---|---|---|---|
| Y | Y-SAND & GRAVEL | Surface | 69 |

**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 | 63 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| 3 | TYPE 304 STAINLESS STEEL 12 SLOT | 63 | 69 |

**9. Static Water Level**

10 ft. below ground surface

**10. Pump Test**

Pumping level 50 ft. below surface

Pumping at 15 GP M for 3 Hrs.

Pumping Method ? Test Pump

**11. Well Is**

17 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 | 63 | 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 | 12-10-2025 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| ZA | 9291 | 12-10-2025 |

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

Comment:

Created On: 12-10-2025 Updated On: 10-15-2026 Review Status: APPROVED