

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACM940		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner MCCORKLE, KOLTON						Phone # (608)739-2913		1. Well Location				Fire # (if avail.)									
Mailing Address 18785 SPORTSMAN DRIVE						Town of MUSCODA						18785									
City MUSCODA						State WI		Zip Code 53573				Street Address or Road Name and Number SPORTSMAN DRIVE									
County		Co. Permit #		Notification #		Completed		Subdivision Name				Lot #		Block #							
Grant				10246938002		04-28-2026															
Well Constructor (Business Name) FAHERTY, JEFFERY A				Lic. # 6819		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 43.1861 °N -90.4499 °W				Method Code SCR002							
Address PO BOX 247 PLATTEVILLE WI 53818				Well Plan Approval #				SE NE		Section 11		Township 8 N		Range 1 W							
				Approval Date (mm-dd-yyyy)				or Govt Lot #													
Hicap Permanent Well #				Common Well #		Specific Capacity 0.7				2. Well Type Replacement				of previous unique well #		constructed in					
										Reason for replaced or reconstructed well ?											
3. Well serves 1 # of HOUSE						Hicap Well ? No															
Private, potable Drillhole						Hicap Property ? No															
Heat Exchange ___ # of drillholes						Hicap Potable ? No		Construction Type Drilled													
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		66								S		S-SAND		Surface		66			
						<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>Yes</u> Drill-Through Casing Hammer <u>No</u> Reverse Rotary <u>No</u> Cable-tool Bit ___ in. 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)															
6. Casing, Liner, Screen														9. Static Water Level				11. Well Is			
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		18 ft. below ground surface				24 in. above grade							
4		WHEATLAND A53 STEEL 4"X21' T/C				Surface		63		10. Pump Test Pumping level 45 ft. below surface Pumping at 20 GP M for 1 Hrs. Pumping Method ? Airlift				Developed ? Yes Disinfected ? Yes Capped ? Yes							
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)													
4		T/C JOHNSON STAINLESS 10 SLOT				63		66													
7. Grout or Other Sealing Material Method MOUNDED														12. Notified Owner of need to fill & seal ? Yes							
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement													
GRANULAR BENTONITE				Surface				5 S		Filled & Sealed Well(s) as needed? Yes											
														13. Constructor / Supervisory Driller				Lic #		Date Signed	
														JF		6819		04-28-2026			
														Drill Rig Operator		Lic or Reg #		Date Signed			

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

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS treatment component (septic tanks, aerobic treatment units or filters)	>	25	POWTS dispersal component (soil absorption unit or mound)	>	50

Comment:

Created On: 04-28-2026

Updated On: 06-01-2026

Review Status: APPROVED