

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				ACM987		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A												
Property Owner UNBEHAUN, DAVE						Phone #		1. Well Location				Fire # (if avail.)										
Mailing Address 27432 COUNTY HIGHWAY O						Town of RICHLAND						27384										
City RICHLAND CENTER						State WI		Zip Code 53581				Street Address or Road Name and Number										
County Richland						Co. Permit #		Notification #		Completed		Subdivision Name		Lot #		Block #						
Richland						10234018804		04-29-2026		SR 14												
Well Constructor (Business Name)						Lic. #		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)				Method Code								
SAM'S WELL DRILLING						370				43.29545 °N -90.32415 °W				GPS008								
Address 150 RANDOLPH STREET RANDOLPH WI 53956						Well Plan Approval #		SE SW		Section		Township		Range								
								or Govt Lot #		36		10 N		1 E								
Approval Date (mm-dd-yyyy)						2. Well Type New Well		of previous unique well # constructed in														
Hicap Permanent Well #				Common Well #		Specific Capacity		Reason for replaced or reconstructed well ?														
						0.6																
3. Well serves 1 # of HOME						Hicap Well ? No		Construction Type Drilled														
Private, potable						Hicap Property ? No																
Heat Exchange ___ # of drillholes						Hicap Potable ? No																
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.)	
6			Surface			150			No Rotary - Mud Circulation			No			X S M		X- LENSED/STREAKED/LAYERED S-SAND M-SILTY		Surface		90	
									No Rotary - Air			Yes										
									No Rotary - Air & Foam			No			X		X-SAND & CLAY		90		125	
									Yes Drill-Through Casing Hammer						S N		S-SOFT/LOOSE N-SANDSTONE		125		130	
									No Reverse Rotary						X N		X- LENSED/STREAKED/LAYERED N-SANDSTONE		130		150	
									No Cable-tool Bit ___ in. 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.)		18 ft. below ground surface				22 in. above grade					
6			STD, BLK, PIPE, .280 WALL, P.E., A53B, KUMAKANG						Surface		131		10. Pump Test				Developed ? Yes					
													Pumping level 60 ft. below surface				Disinfected ? Yes					
													Pumping at 25 GP M for 1 Hrs.				Capped ? Yes					
													Pumping Method ? Airlift									
7. Grout or Other Sealing Material												12. Notified Owner of need to fill & seal ? No										
Method MOUNDED																						
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		Filled & Sealed Well(s) as needed?				No								
GRANULAR BENTONITE				Surface				1														
												13. Constructor / Supervisory Driller				Lic #		Date Signed				
												JVG				6026		04-30-2026				
												Drill Rig Operator				Lic or Reg #		Date Signed				
												KB				7372		04-29-2026				

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Created On: 04-30-2026

Updated On: 05-29-2026

Review Status: APPROVED