Well Construction Report
WISCONSIN UNIQUE WELL NUMBER CP495

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

Form 3300-077A

Property Owner: BURGE, LAURENCE			Phone #: ( )781-2195
Mailing Address: W8565 CTH Z			
City: ONALASKA	State: WI	Zip Code: 54650	
County: La Crosse	Co. Permit #:	Notification #:	Completed: 10-04-1990

Well Constructor (Business Name): AQUA INDUSTRIES INC	Lic. #: 4755	Facility ID # (Public Wells):	
Address: N5262 HWY 53 ONALASKA WI 54650-9250		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity: 4	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ? No
Hicap Potable ?

1. Well Location
Town of ONALASKA

Fire # (if avail.): W8565

Street Address or Road Name and Number: CTH Z

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD): 43.9564 °N -91.334 °W
Method Code: GCD013

SE SE or Govt Lot #	Section: 9	Township: 17 N	Range: 8 W

2. Well Type Replacement
of previous unique well # AK168 constructed in 50

Reason for replaced or reconstructed well ?
LOW VOLUME

Construction Type: Drilled

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Upper Enlarged Drillhole	Lower Open Bedrock
Rotary - Mud Circulation	
Rotary - Air	
Rotary - Air & Foam	
Drill-Through Casing Hammer	
Reverse Rotary	
Cable-tool Bit ____in. dia...	
Dual Rotary	
Temp. Outer Casing ____in. dia	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
Y	SAND @ GRAVEL	Surface	115

6. Casing, Liner, Screen — Removed? ____depth ft. (If NO explain on back side)

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
4	BLACK STEEL 237 X 10 79 A 53 IMPORT WELD	Surface	111
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
4	NOM STAINLESS STEEL	111	115

7. Grout or Other Sealing Material
Method

9. Static Water Level
30 ft. below ground surface

10. Pump Test
Pumping level 35 ft. below surface
Pumping at 20 GP M for 4 Hrs.
Pumping Method ?

11. Well Is
14 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? Yes

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
RS		09-20-1990
Drill Rig Operator	**Lic or Reg #**	**Date Signed**
RS		09-20-1990

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

Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		63
Building Drain - Sanitary		34
Building Overhang		5

Type	Qualifier	Distance
Landfill		970
Sewer - Building Sanitary		40
Septic or Holding, or POWTS Tank		50

Comment:

Variance ID	Variance or Exception Type	Date	Reason
	Landfill Variance	06/21/1990	LESS REQUIRED 1200' FROM LANDFILL

Created On: 12-14-1995 Updated On: 07-11-2023 Review Status: