# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* DM307

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

Form 3300-077A

Property Owner: HEBL COTTAGES
Phone #: (608)423-4522
Mailing Address: N4368 PARK RD
City: CAMBRIDGE
State: WI
Zip Code: 53523
County: Jefferson
Co. Permit #:
Notification #:
Completed: 05-20-1983

**1. Well Location**
Village of
Fire # (if avail.)
Street Address or Road Name and Number: N4368 PARK RD
Subdivision Name
Lot #
Block #

Well Constructor (Business Name): WERNER JIM
Lic. #
Facility ID # (Public Wells)
Latitude / Longitude in Decimal Degree (DD): 43.00331 °N -89.00346 °W
Method Code: GPS008
Well Plan Approval #
NW SE or Govt Lot #
Section: 7
Township: 6 N
Range: 13 E
Address
Approval Date (mm-dd-yyyy)

**2. Well Type**
of previous unique well #
constructed in
Hicap Permanent Well #
Common Well #
Specific Capacity
Reason for replaced or reconstructed well ?

**3. Well serves** # of
Private,potable
Heat Exchange____# of drillholes
Hicap Well ?
Hicap Property ?
Hicap Potable ?
Construction Type

**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 | |
| Removed? ____depth ft. (If NO explain on back side) | |

**8. Geology**

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | | Surface | |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**
_____ ft. _____ground surface

**11. Well Is**
_____ in.
_____Grade
Developed ?
Disinfected ?
Capped ?

**10. Pump Test**
Pumping level _____ ft. below surface
Pumping at _____ GP for _____ Hrs.
Pumping Method ?

**7. Grout or Other Sealing Material**
Method

**12.** Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed?

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| | | |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | |

**4a. Potential Contamination Sources** Is the well located in floodplain ?

Comment:

Created On: 12-03-2021 Updated On: 07-11-2023 Review Status: APPROVED

## Note: This well was inventoried. A well construction report was not submitted.

Well Depth: 160' Bedrock Depth: