# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* DO654

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

Form 3300-077A

| | |
|---|---|
| Property Owner: JOHN @ CLEONE HOESCHELE | Phone # |
| Mailing Address: OAK LEAF LN | |
| City: WISCONSIN DELLS | State: WI — Zip Code: 53965 |
| County: Sauk | Co. Permit #: — Notification #: — Completed: 05-04-1992 |
| Well Constructor (Business Name): SMITH, WILLIAM J | Lic. #: 518 — Facility ID # (Public Wells): |
| Address: E10704B HWY 136, BARABOO WI 53913 | Well Plan Approval #: — Approval Date (mm-dd-yyyy): |
| Hicap Permanent Well #: | Common Well #: — Specific Capacity: 0.5 |

**1. Well Location**

Town of DELLONA

Fire # (if avail.):

Street Address or Road Name and Number: OAK LEAF LN

| Subdivision Name | Lot # | Block # |
|---|---|---|
| OAK LEAF ESTATES | 00002 | |

Latitude / Longitude in Decimal Degree (DD): °N °W — Method Code:

| NW | SE | Section | Township | Range |
|---|---|---|---|---|
| or Govt Lot # | | 14 | 13 N | 5 E |

**2. Well Type** New Well

of previous unique well # — constructed in

Reason for replaced or reconstructed well ?: NEW HOME

Construction Type: Drilled

**3. Well serves** 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

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

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 6 | Surface | 140 |

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes — Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia
  - Removed? ____depth ft. (If NO explain on back side)

**8. Geology**

| Geology Codes | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|
| S | SAND | Surface | 51 |
| N | SAND STONE | 51 | 140 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 6 | STEEL 18.97 A53 WELD JOINT SAWHILL PIPE | Surface | 54 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**7. Grout or Other Sealing Material**

Method

**9. Static Water Level**

69 ft. below ground surface

**10. Pump Test**

Pumping level 104 ft. below surface

Pumping at 18 GP for 12 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? No

NONE IN AREA

| 13. Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| WJS | | 05-04-1992 |
| **Drill Rig Operator** | **Lic or Reg #** | **Date Signed** |
| WJS | | |

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

| Type | Qualifier | Distance |
|---|---|---|
| Building Overhang | | 32 |

Comment:

Created On: 06-09-1992 Updated On: 06-09-1992 Review Status: