# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* FK399

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

Form 3300-077A

| | | | |
|---|---|---|---|
| Property Owner: RUX, RODNEY | | | Phone # |
| Mailing Address | | | |
| City: MUSCODA | State: WI | Zip Code: 53573 | |
| County: Sauk | Co. Permit # | Notification # | Completed: 01-18-1993 |

**1. Well Location**

Town of LAVALLE

Fire # (if avail.)

Street Address or Road Name and Number: W REDSTONE DR

| Subdivision Name | Lot # | Block # |
|---|---|---|
| WOODPECKER | | |

| Well Constructor (Business Name) | Lic. # | Facility ID # (Public Wells) |
|---|---|---|
| MCAFEE WELL DRILLING | 5893 | |

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

Method Code

Well Plan Approval #

| NE | NE | Section | Township | Range |
|---|---|---|---|---|
| or Govt Lot # | | 12 | 13 N | 3 E |

Address: PO BOX 106
LA VALLE WI 53941-0106

Approval Date (mm-dd-yyyy)

**2. Well Type** New Well

of previous unique well # constructed in

| Hicap Permanent Well # | Common Well # | Specific Capacity |
|---|---|---|
| | | 0.3 |

Reason for replaced or reconstructed well ?

**3. Well serves** 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

Construction Type: Drilled

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

**5. Drillhole Dimensions and Construction Method**

| Dia. (in.) | From (ft.) | To (ft.) |
|---|---|---|
| 10 | Surface | 30 |
| 8 | 30 | 45 |
| 6 | 45 | 75 |

Upper Enlarged Drillhole / Lower Open Bedrock

Rotary - Mud Circulation .....
Rotary - Air .....
Rotary - Air & Foam .....
Drill-Through Casing Hammer
Reverse Rotary
Yes Cable-tool Bit 8in. dia...
Dual Rotary .....
Yes Temp. Outer Casing 8in. dia
No Removed? ____depth ft. (If NO explain on back side)

**8. Geology**

| Geology Codes | | | | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|---|---|---|
| | | C | | CLAY | Surface | 7 |
| | | N | | SANDSTONE | 7 | 21 |
| | W | B | U | SAND @ WATER MUCK | 21 | 30 |
| T | | N | | BROWN SANDSTONE | 30 | 75 |

**6. Casing, Liner, Screen**

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 8 | WELDED JOINT SAWHILL | Surface | 30 |
| 6 | 280 WALL ASTME A53 6.625 X 280 BEL 21 HEAT 72 81 | 30 | 45 |
| Dia. (in.) | Screen type, material & slot size | From (ft.) | To (ft.) |
| | | | |

**9. Static Water Level**

22 ft. above ground surface

**10. Pump Test**

Pumping level 22 ft. below surface

Pumping at 12 GP M for 24 Hrs.

Pumping Method ?

**11. Well Is**

24 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

**7. Grout or Other Sealing Material**

Method GROUT PUMP TREMIE

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| PORTLAND | Surface | 45 | 21 S |

**12.** Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed? No

WASN'T ANY

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| TM | | 12-20-1993 |
| Drill Rig Operator | Lic or Reg # | Date Signed |
| | | |

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

| Type | Qualifier | Distance | Type | Qualifier | Distance |
|---|---|---|---|---|---|
| Building Overhang | | 12 | Foundation Drain to Clearwater | | 12 |
| | | | Septic or Holding, or POWTS Tank | | 28 |

Comment: DNR APPROV TO LEAVE 8" CASING W/DRIVE SHOE TO CASETHRU VOID 21-30' CASING PRESSURE CMT W/TREMIE 45 TO SURFACE. PRESSURE CMT 21' TO SURFACE

Created On: 01-26-1994 Updated On: 01-26-1994 Review Status: